

DISASTER PREPAREDNESS TO PROMOTE COMMUNITY RESILIENCE

Information and Tools for Homeless Service
Providers and Disaster Professionals



Toolkit and Appendices

A joint project of the U.S. Department of Veterans Affairs, the
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Section 1 Creating an Inclusive Emergency Management System

Too often, the local emergency management system, which includes agencies responsible for managing disaster preparedness, response, and recovery, is not connected with community-based organizations (CBOs) providing services to homeless populations before a disaster. As a result, the needs of homeless populations are often overlooked following a disaster. Past disasters have illustrated that government agencies alone will not be able to address the needs of at-risk populations, and that a system that includes multiple partners is needed to prepare for, respond, and recover from disasters. Better coordination and communication between all community partners can lead to improved outcomes for the entire community (Box 1) and help ensure that homeless populations and other at-risk individuals can access needed services during response and recovery phases.

1

Benefits of an Inclusive Emergency Management System

- Increase understanding of community needs
- Build stronger relationships and get input from key stakeholders
- Enhance disaster planning
- Increase awareness of resources for preparedness, response and recovery
- Reduce unmet needs post-disaster
- Streamline service delivery and reduce duplicative efforts in response and recovery phases
- Increase flow of information from government to the community
- Expand communication reach to homeless populations

The following section provides strategies, resources, and tools to encourage collaboration between the emergency managers, public health officials, homeless service providers, and other relevant partners. Accordingly, this section of the toolkit is aimed at each of these entities and portions are tailored specifically to each group.

1.1 Necessary Community Partners

Creating an inclusive system requires the engagement of multiple partners. Each partner has constrained resources and capabilities, as well as a variety of skills and strengths that can vastly expand the community's ability to address the needs of homeless individuals and families during disasters. Given the diversity of organizations across jurisdictions, the partners in a particular community may differ from those described in this section. Table 1 provides an overview of common partners, their roles in the phases of emergency management (i.e. the disaster life-cycle), skills and strengths, and limitations. Appendix 2 contains a more detailed description of each of the partners.

1.2 Steps to Building an Inclusive System

In order to respond to and recover from a disaster, relationships need to be built well before a disaster strikes. The following steps¹ provide suggestions for developing an inclusive emergency management system. The steps are organized by disaster phase (preparedness, response, recovery). Users of this toolkit may find some steps more helpful than others depending on the level of existing partnerships in their community.

¹ These steps were compiled from several guides developed for emergency managers and other government partners seeking to build relationships with homeless service providers and other CBOs (CDC, 2015; Cal PREPARE, 2011; CDC, 2010; Cal OES, 2000). Steps also incorporate suggestions from the authors' interviews with emergency managers, homeless service providers, and funding agencies. See Acknowledgments for a list of interviewees.

Local Government Emergency Managers (EMs)

Role(s) in Emergency Management	Strengths and Skills	Limitations
<ul style="list-style-type: none"> ▪ Develop emergency plans for whole community ▪ Determine resource needs before, during, after disaster ▪ Coordinate roles of various partners ▪ Coordinate delivery of response and recovery resources ▪ Request aid from regional, state, and federal partners 	<ul style="list-style-type: none"> ▪ Knowledge of disaster planning and disaster cycle ▪ Direct connection to response agencies (government, public service, state, federal, etc.) ▪ Mandate to address the needs of the entire community ▪ Operates throughout their jurisdiction (not limited to one part of a community) 	<ul style="list-style-type: none"> ▪ Lack direct communication channels to reach homeless populations ▪ Lack expertise in homeless populations' needs ▪ May be distrusted by homeless populations due to government affiliation ▪ Quickly changing priorities due to approaching disasters, funding, and politics ▪ Limited resources to conduct outreach and engagement ▪ Competing demands and limited resources to address high number at-risk populations

Homeless Service Providers (HSP) and Other Community-Based Organizations (CBOs)

Role(s) in Emergency Management	Strengths and Skills	Limitations
<ul style="list-style-type: none"> ▪ Prepare for internal continuity of operations ▪ Volunteer and/or donation management ▪ Provide critical services (food, shelter, health, etc.) ▪ Conduit for information distribution to homeless populations ▪ Often involved in long-term recovery efforts 	<ul style="list-style-type: none"> ▪ Connected to established service delivery networks ▪ Experience with complex needs and daily emergencies faced by homeless populations ▪ Cultural experts for their client populations ▪ Trusted by clients and the community 	<ul style="list-style-type: none"> ▪ Often excluded from disaster planning and response exercises ▪ Lack training in disaster planning, response, and recovery ▪ Lack knowledge of government response structure and key players ▪ Competing demands and limited resources ▪ Often lack continuity of operations plans for their organization ▪ Frequent staff turn over

TABLE 1: Community Partners and Roles in Disaster

Disaster Coalitions (e.g. Voluntary Organizations Active in Disaster [VOAD])

Role(s) in Emergency Management	Strengths and Skills	Limitations
<ul style="list-style-type: none"> ▪ Link HSPs/CBOs to each other and the local government ▪ Develop coordinated plans for service delivery to clients ▪ May represent HSPs/CBOs with local government during response ▪ Collect and share on-the-ground needs and resources ▪ Coordinate community-based response/recovery (communication, services, etc.) ▪ Manage long-term recovery efforts and funding 	<ul style="list-style-type: none"> ▪ Focus on disaster related needs, resources, activities ▪ Understand HSP/CBO needs and capabilities ▪ Provide a single point of contact for EMs to reach HSPs/CBOs ▪ Forum to conduct planning, training, and exercises ▪ Distributes preparedness and response workload between participating partners ▪ Has practice coordinating cross-sector relationships 	<ul style="list-style-type: none"> ▪ Limited resources (financial, staff time, space, etc.) ▪ Inconsistent and unsustainable funding ▪ Competing priorities of member organizations can limit their involvement ▪ Run by volunteer or part-time staff that have competing commitments ▪ Alliances are voluntary and therefore fragile

Other Local Government Agencies (e.g. Public Health Departments, Human Service Agencies)

Role(s) in Emergency Management	Strengths and Skills	Limitations
<ul style="list-style-type: none"> ▪ Participate in planning with EMs and HSPs/CBOs ▪ Ensure government contracts with HSPs are uninterrupted ▪ Inform Emergency Operations Center of HSP/CBO needs and capabilities and vice versa ▪ Distribute disaster information to public and CBOs ▪ Manage local government funds to HSPs providing disaster services ▪ Liaison for HSPs/CBOs to state/federal funding 	<ul style="list-style-type: none"> ▪ Have close relationships with HSPs/CBOs ▪ Experience contracting with HSPs/CBOs ▪ Understand HSP/CBO and homeless population needs, resources, limitations ▪ Operate within the official emergency management system ▪ Relationships with state and federal funding sources 	<ul style="list-style-type: none"> ▪ Quickly changing priorities due to funding, politics, etc. ▪ Limited resources (time, staff, restricted funding, etc.) ▪ Tied to department priorities and roles ▪ Connection to EMs is only one of many jobs ▪ Limited training on disasters and agency plan creation ▪ Not the lead agency in disaster planning/response

Non-Governmental Disaster Relief Providers (e.g. American Red Cross, Salvation Army)

Role(s) in Emergency Management	Strengths and Skills	Limitations
<ul style="list-style-type: none"> Provide relief services (food, shelter, supplies, money, people, etc.) Support related HSP/CBOs with which they have an affiliation Bring outside volunteers, supplies Some offer recovery activities (i.e. rebuilding, financial investment, restoration) Gather monetary donations for relief nationally Distribute information on response/recovery nationally 	<ul style="list-style-type: none"> Experienced in disaster relief Are less directly impacted by the disaster Have national pool of volunteers and resources Bring wide range of services (mass feeding, shelter, medical care) Well-established and trusted nationally 	<ul style="list-style-type: none"> Limited pre-disaster presence in community Lack knowledge of local homeless population Often lack partnerships with local HSP/CBOs Mostly volunteer staff that may not have much experience or training in addressing needs of diverse populations Role is typically limited to response phase, not long-term recovery

Funding Agencies (Including Private Sector Donors)

Role(s) in Emergency Management	Strengths and Skills	Limitations
<ul style="list-style-type: none"> Mitigation and preparedness planning support Continuity of funding to existing contracted agencies Distribution of recovery finances to HSPs/CBOs Provide grants just-in-time for response services 	<ul style="list-style-type: none"> Relationships with HSP/CBOs and government agencies Private funders – flexibility and rapidity in funding type/distribution Can vouch for HSP/CBO credibility to help enhance trust outside of the community (e.g. when seeking national donations for response work) 	<ul style="list-style-type: none"> Limited by grant parameters Government – takes time to issue/modify contracts Do not have established local relationships Often only invest in response, not mitigation and preparedness Built in restrictions on grant use (cannot be modified to fit new disaster services) Often not part of disaster coalitions

(Source: Table 1 was compiled from 24 interviews the authors conducted with emergency managers and representatives of homeless service providers, other CBOs, disaster coalitions, public health departments, and local government human service agencies.)

Step 1: Get to Know the Community

For Governmental Partners

Developing an inclusive system with strong relationships with homeless service providers is critical to effective preparedness, response, and recovery for homeless populations. There are two steps to becoming familiar with partners that serve persons experiencing homelessness.

A. Understand the Homeless Populations in the Community

Understanding the characteristics of homeless populations in the community is critical to effective disaster preparedness, response, and recovery for this population. For example, is the population sheltered or unsheltered? If unsheltered, where do they commonly gather? Are they predominantly individuals or families with children? Are there many veterans within the homeless population? Addressing these questions will help inform the approach to identifying potential partners. For example, developing partnerships in a community where the majority of the people experiencing homelessness consists of women with children will involve different organizations than in a community where many of the persons experiencing homelessness are single men or unaccompanied youth.

Government partners can start by looking at publicly available data, reaching out to government agencies that work on homelessness issues or contacting local universities or community organizations that conduct research with persons experiencing homelessness. Box 2 contains ideas for where to get information to better understand the demographic makeup and existing needs of people experiencing homelessness in their communities. Homeless service providers and the local Continuum of Care (CoC) are another invaluable resource for understanding the demographics, needs, and location of local homeless populations. Internal (i.e. government) sources can help identify the services available within the community and homeless service providers offering those services.

B. Identify Key Homeless Service Providers

Knowing the demographic characteristics and service needs of persons experiencing homelessness will help identify the homeless service providers they depend on to meet these needs every day. These organizations have essential skill-sets that will be essential to addressing the community's disaster needs (California Governor's Office of Emergency Services (Cal OES) 2000).

Government partners can begin by identifying homeless service providers that already have relationships with local government (generally Departments of Public Health, Mental Health, or Human Services). The local CoC is a key player in coordinating homeless service provision in an area, and can be an important partner in disaster planning. In addition, human service coalitions and other informal networks or coalitions of CBOs may also be a conduit to identifying multiple organizations in the homeless services sector.

2

Resources to Learn About Persons Experiencing Homeless in the Community

- Local Government Departments: Public Health, Mental Health, and Human Services agencies usually work closely with at-risk groups and can provide an overview of the needs of persons experiencing homelessness in the community and the services they often use.
- Consolidated Plans: States, urban counties, and metropolitan cities that are eligible for funding through the HUD Community Development Block Grant (CDBG) Program are required to develop a 3-5 year Consolidated Plan and Annual Action Plans. In these plans, the state or local government must provide data and a plan for addressing homelessness in their jurisdiction. These plans are public and a good place to find information about persons experiencing homelessness. The local Continuum of Care (CoC), a regional/local planning body that coordinates housing and services funding for persons experiencing homelessness, and collects data on persons experiencing homelessness locally. The CoC submits an annual application for funding to HUD, and this application contains a great deal of information about persons experiencing homelessness in the area. To find a local CoC and request a copy of the CoC application, go to: <https://www.hudexchange.info/grantees/find-a-grantee/>
- Local and national organizations focused on serving persons experiencing homelessness (see Tools and Resources at the end of this section for links to National Alliance to End Homelessness guides)
- US Department of Housing and Urban Development (HUD) bi-annual Homeless Point-in-Time Count report which collects data on persons experiencing homelessness in regions across the United States
- Federal government reports and guidebooks, for example US Department of Veterans Affairs (VA), The Centers for Disease Control, and US Interagency Council on Homelessness

For Homeless Service Provider Partners

The first step for homeless service providers may be learning more about disaster preparedness, response, and recovery. Table 1 and Appendix 2 describe the types of response agencies and disaster coalitions that may exist in a community. Most cities or counties have an emergency manager. This person works for the local government but may be part of a different agency depending on the jurisdiction (e.g. Office of Emergency Services (OES), Department of Emergency Management (DEM), public health department, police or sheriff's office). Disaster coalitions such as VOADs or other disaster-focused collaborative efforts may be more challenging to locate—not every community has an active disaster coalition, and disaster coalitions are housed within different organizations in every community. However, once providers connect with one group (e.g. CBO coalition or VOAD) they may find it easier to connect with others.

3

Resources to Find Homeless Service Providers in the Community

- The local Continuum of Care (CoC), a regional/local planning body that coordinates housing and services funding for individuals and families experiencing homelessness, and collects data on local individuals experiencing homelessness. To find a local CoC, go to: [https://www.hudexchange.info/grantees/?programid=3&searchText=&stateId=.](https://www.hudexchange.info/grantees/?programid=3&searchText=&stateId=)
- Community Services Block Grant (CSBG) Program: CSBG is a program to reduce poverty in local communities that distributes federal dollars through local governments to CBOs that deliver housing assistance and other services to low-income residents including persons experiencing homelessness. Each state has a CSBG office that can provide information about their local community service providers. CSBG is a program of the Office of Community Services within the HHS Administration for Children and Families, A list of state CSBG offices is available here: <http://www.acf.hhs.gov/ocs/resource/state-officials-and-program-contacts>.
- Information and Referral Providers: Every community has a central Information and Referral (I&R) service provider, which has a directory of all human service-related CBOs in that community. You can search for your local I&R provider (which may be a local government agency) in the Alliance for Information and Referral Systems directory here: <https://www.acf.hhs.gov/ocs/resource/state-officials-and-program-contacts>
- 2-1-1: In each community, 2-1-1 connects individuals in need with social services including housing, food, social services, health care, and other needed support services. The local 2-1-1 office often maintains a directory and relationships with CBOs providing services in the community: <http://211.org/>.
- United Way: Local United Way offices can share information on the CBOs that they fund to provide services to homeless and other at-risk populations in the community.

For All Partners

The following are suggestions to build partnerships when organizations do not have pre-existing relationships:

- Connect with well-established organizations within the community that provide services (like feeding or housing) to persons experiencing homelessness or low-income individuals. These organizations may include a local food bank, faith-based organization, or a civic organization.
- In communities where these organizations are not easy to identify, search on-line for organizations that provide services, such as looking at the news media reports of charitable groups within the community that do food drives, winter shelters, or other efforts to assist low-income groups during times of need.

4

Resources to Find Disaster Coalitions and Potential Partners

- Existing Coalitions: Interfaith Council, Local VOAD (www.nvoad.org), Neighborhood Committee, Nonprofit Coalition, Citizen Corps Councils.
- Ready.gov, hosted by Department of Homeland Security, lists potential community groups that could help in identifying local resources <http://www.ready.gov/identify-local-partners>.
- Local advisory committees: government sponsored meetings where citizens provide input on disaster planning for specific populations
- United Way, 211, Information and Referral Service Agency, Volunteer Center, funders or contracting agencies.

Step 2: Design a Strategy for Collaboration

For All Partners

Organizations first should examine their existing internal capacity (personnel, travel resources, time) to outreach to and collaborate with identified partner agencies. For both homeless service providers and emergency managers, a lack of time, networking opportunities, and resources pose substantial barriers to collaboration (Fritz Institute and California Volunteers December 2009). Thus, each organization will have a different strategy for building partnerships.

Organizations should convene internally to determine the best strategy for their organization to begin developing or strengthening partnerships. This includes making relationship-building a priority and designating a primary contact person for ongoing collaboration. Having one to two primary contacts for all collaboration outreach and participation can be important to build rapport with partners and maintain consistency in relationships. Part of the strategy may include hosting community forums to engage multiple partners in a formal manner. Other communities may decide to develop a disaster coalition more informally. The goal of all strategies is to integrate key institutions into planning so that partners are not learning about each other in the midst of a disaster.

Often government partners and homeless service providers are unsure how they can work together on disaster preparedness. Clear expectations of relationships are a challenge for most agencies. Together, partners should decide on the following:

- Roles and responsibilities of each partner agency
 - » Review current local emergency management plans to identify expectations and responsibilities of all partners
 - » The types of information that will be exchanged and the process for doing so (before, during, and after disasters)

- » Expectations of individual partners (and/or the disaster coalition in response and recovery)
- » Processes of decision making, collaboration, and communication
- » Accountability structures in preparedness and response, including performance metrics, tracking, and resource management.

The process of formalizing a partnerships or developing a disaster coalition within an integrated system will take time. Internal teams and supervisors should discuss how to recognize progress in relationship building, try to set three to five goals annually, and create a timeline for activities to meet them.

How can organizations determine if their strategy to collaborate with partners is effective or successful? When designing a strategy, it is important to include criteria that enable partners to evaluate how well the collaboration is doing and how committed the partners are to working together. Box 6 includes some possible indicators of a commitment to collaboration.

Step 3: Establish or Strengthen Relationships with Potential Partners

For All Partners

Homeless service providers and government agencies may already have relationships or know of each other, but many have not taken advantage of such relationships to partner for disaster preparedness and response. Many homeless service providers and local government agencies are already connected, for example, through service provision contracts or other collaborations. Those with a contractual or other type of relationship can reach out to their point of contact to discuss collaboration on disaster preparedness and response. Organizations should take some time to assess the quality of existing relationships and determine any changes needed to strengthen partnerships. Organizations that do not currently have partnerships should see if there are colleagues or coalitions they belong to that could introduce them to other groups. Those without many community connections should use steps 1 and 2 to first identify potential partners and an outreach strategy (including phone calls, email, face-to-face meetings).

Joining homeless service provider or CBO coalitions (for example, coalitions of housing, food, or social service providers) can also open channels of communication into other sectors since many already have interagency contacts (See Box 7). Coalitions can be an educational resource on cross-sector service delivery systems, offer an opportunity to strengthen connections with organizations that could support service delivery, and potentially offer information on preparedness and response planning for specific service types. Attending meetings, conferences, or public events can be effective way to learn more about the coalitions and potential partner organizations. If there are few opportunities within the community to meet people, organizations may need to reach out to potential partners through “cold-calling” and/or hosting a disaster preparedness event or meeting on their own to identify homeless service providers and CBO partners.

5 Tools to Develop Community Partnerships

Engaging Community-Based Organizations Serving Vulnerable Populations: A Focus on the Homeless. An initiative by Cal PREPARE to engage local homeless service providers in a disaster preparedness initiative in Alameda County, California, resulted in process guide for emergency managers and public health practitioners working to include homeless service providers in their programs. The detailed guide is available in Appendix 3.

- Identify and recruit county and city representatives.
- Convene an advisory committee. Identify a project facilitator as a point of contact.
- Determine essential advisory committee roles.
- Connect with homeless service providers. The project facilitator is the main point of contact.
- Conduct a community forum with homeless service providers to connect various partners.
- Link homeless service providers to preparedness resources.
- Connect responders to homeless service providers. Develop a contact list of community liaisons.

(Source: Cal PREPARE, 2011; See Appendix 3 for full document.)

Partnerships for Recovery across The Sectors (PRACTIS) Toolkit. A RAND Corporation tool designed to assist local health departments identify key CBOs and offer guidance on improving relationships. See Chapter 2. Tools to Assess Current Partnerships Among Recovery Organizations (pg. 6-23) for an example tool that local governments can use to survey homeless service providers and other CBOs.

<http://www.rand.org/pubs/tools/TL188.html>

(Source: Acosta, Chandra et al., 2013)

Step 4: Meet and Discuss Common Concerns

For All Partners

Once partners have made an introduction, the next step is to meet, either one-on-one or as a group, to discuss preparedness and response issues. Everyone at the meeting should have a role in the discussion and be encouraged to participate. This meeting could include a number of topics, but should be used as the launching pad for further collaboration, with the goal of having future periodic meetings. Below are some potential agenda items for the first few meetings:

- Disaster Response (most likely led by governmental partners)
 - » Planning process (who makes decisions, how a plan is created, etc.)
 - » How the community responds to disasters (process, roles, etc.)
 - » Emergency management's role in responding
 - » Where homeless service providers may fit in local / state response and recovery plans
- Community Capabilities (most likely led by homeless service providers or other CBOs)
 - » Existing services within the community
 - » Homeless service provider/ CBO's capabilities to respond to emergencies
 - » Survey of homeless service providers/CBOs about whether they have continuity of operations plans
- Collaboration Opportunities (input by both government and homeless service providers/ CBOs)
 - » Availability of disaster planning and response funding
 - » Current needs related to disaster planning/response
 - » How the system can be made more inclusive or strengthened (consider capabilities and roles of partners, etc.)
- Ongoing nature of collaboration
 - » Formal vs. informal structure (e.g. elected positions vs. group consensus, ongoing scheduled meetings vs. ad hoc gatherings)
 - » Mission and vision for the group (or disaster coalition)
 - » Internal decision making process
 - » Expectations of participants

6

Examples of Indicators of Successful Collaboration

- Budgeted time and resources devoted to collaboration
- Attendance of cross-sectoral organizations in emergency planning meetings
- Development of emergency plans to address the specific needs of persons experiencing homelessness
- Participation of network partners in agency specific and community-wide emergency exercises and drills
- Representation of both homeless service providers (and other CBOs) and government partners at disaster network meetings
- Developed mutual aid agreements (formal or informal) between network members
- Documented process for homeless service providers to interface with local Emergency Operations Center (EOC)

(See Step 6 for additional information about EOC)

7

Examples of Homeless Service Provider / CBO Coalitions

Pinellas County, Florida

The Pinellas County's Homeless Leadership Board and Recover Pinellas are both coalitions that connect the community's homeless service provider organizations and other CBOs to local emergency management. The Homeless Leadership Board of Pinellas County coordinates disaster communications and sheltering of persons experiencing homelessness. Working with emergency managers, these organizations have developed a county-wide plan for homeless evacuation and sheltering. The Homeless Leadership Board of Pinellas County and Recover Pinellas both have a seat at the County Emergency Operations Center to monitor the status of needs and capabilities within homeless service providers to deploy assets as needed. The Homeless Leadership Board also partnered with the United Way of Pinellas County to provide continuity of operations plan (COOP) training and mentoring for homeless provider organizations.

(Source: Interviews with Pinellas County representatives, February 2015; National Health Care for the Homeless Council, 2014)

Step 5: Maintain Relationships**For All Partners**

Ongoing participation and involvement is important for maintaining an inclusive emergency management system. Preparedness planning officials should invite homeless service providers to participate in planning and taskforce meetings, trainings, and exercise. The more government and homeless service providers / CBOs partners plan, train, and practice together, the better prepared the system will be. Disaster response exercises are prime opportunities for homeless service providers/CBOs to improve their understanding of the response structure and provide feedback on how they can support community recovery. Cal PREPARE's Growth & Maintenance Cycle for Disaster Preparedness and Response Activities demonstrates the need for ongoing involvement.

Some communities where the number of CBOs is large have found that creating a disaster coalition (a VOAD or similar group) can be a useful way to maintain partnerships. Disaster coalitions can serve as an efficient mechanism for emergency managers to connect to a wide range of homeless service providers and other CBOs and more effectively reach diverse populations. Similarly, participation in a disaster coalition may help partners clarify roles, coordinate processes, build the communication infrastructure to facilitate collaboration during a disaster, and offer opportunities to meet on a routine basis.

While some communities have successful disaster coalitions that play an essential role in bringing together key stakeholders, many are in a fragile state and underfunded. Interviews with disaster coalition leaders highlighted a number of ways to strengthen coalition participation and success.

8

Examples of Homeless Service Provider / CBO Coalitions

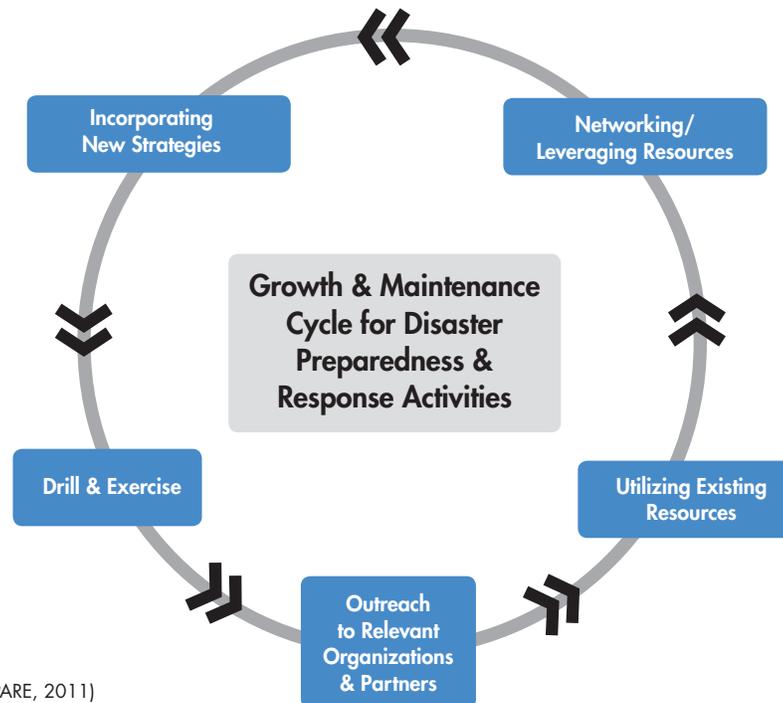
San Francisco, California

In 2005, five San Francisco organizations providing food to disadvantaged individuals and families, including persons who are experiencing homelessness and who are marginally housed, living in single-room occupancy hotels, convened The Tenderloin Hunger Task Force (<http://www.haassr.org/grant/tenderloin-hunger-task-force/>) to address the city's food security issues. They formed a disaster subcommittee and worked with shelter providers and city emergency managers to develop a Disaster Feeding Plan for the city. Working with SF Community Agencies Responding to Disaster (SF CARD), these five organizations all received technical assistance to develop disaster plans for their respective organizations. Working with the SF Department of Emergency Management (DEM) and Human Services Agency (HSA), they conducted an exercise of the SF City Disaster Feeding Plan in 2013. The CBOs worked together to feed 6,000 meals to people in an outdoor location. In 2015, they received a grant from the Walter and Elise Haas Fund to distribute 800-1,000 disaster food kits and provide disaster training to low-income food-dependent clients. Task Force leaders noted that the long-term partnerships among the CBOs and with City agencies enabled them to accomplish these goals.

(Source: Cissie Bonini personal interview, February 3, 2015; City and County of San Francisco Disaster feeding plan, August 3, 2011.)

- **Bring something valuable to table.** Time and ability to engage in a disaster collaborative will depend on perceptions of the perceived value. Organizations will be more willing to engage in the coalition if emergency managers, funders, and key CBOs are in the room and there is a clear strategy for achieving shared objectives. A benefit of the coalition for homeless service providers is the connection to emergency managers and public health officials and it is thus imperative that emergency managers be involved at each meeting.
- **Have a strategic plan and focus on small steps.** Trying to accomplish too much in a short time frame will tear apart the coalition. Set realistic expectations and prioritize activities accordingly
- **Start working on organizational disaster plans** (see Section 2 of this toolkit). Homeless service providers that are not prepared or able to manage their own vulnerabilities will not be in a position to help the community when a disaster occurs. The coalition (or some of its member organizations) can sometimes provide support and assistance to homeless service providers and other CBOs to begin creating their disaster plans.
- **Ensure the right participants.** In interviews, disaster coalition leaders reported difficulty making progress when key partners were not present at meetings. To be most effective, coalitions need the following stakeholders to consistently attend:
 - » Participants who can make and keep commitments on behalf of their organization (i.e. organizational leaders or decision makers)
 - » Emergency managers and local public health preparedness officials
 - » Funders prioritizing preparedness and response

FIGURE 1 – Growth & Maintenance Cycle for Disaster Preparedness & Response Activities



(Source: Cal PREPARE, 2011)

9

Tips to Improve Collaboration

- Include an educational component in meetings, including clarification of each partner's roles and information on disaster funding sources and restrictions.
- Avoid jargon and acronyms. Encourage open communication and clarification. Provide explanations and reasoning behind differences in definitions.
- Encourage respect, questions, and clarification of misunderstandings to promote positive collaborative relationships.
- Openly discuss and respect cultural differences between partners. Take the opportunity to learn more about each other's organizational culture and the benefits or hindrances they may have in disaster situations.
- Focus goals on areas of mutual benefit for all partners and provide support and assistance in whatever way possible (training, money, supplies, space) between partners.
- Create plans and procedures clarifying roles, responsibilities, and limitations of those within the group. Inform partners of legal and/or moral duties to determine the scope of collaboration.
- Remember, quality of relationships is often more about access to staff, trust, and respect than the amount of resources shared (Stajura, Glik et al. 2012).

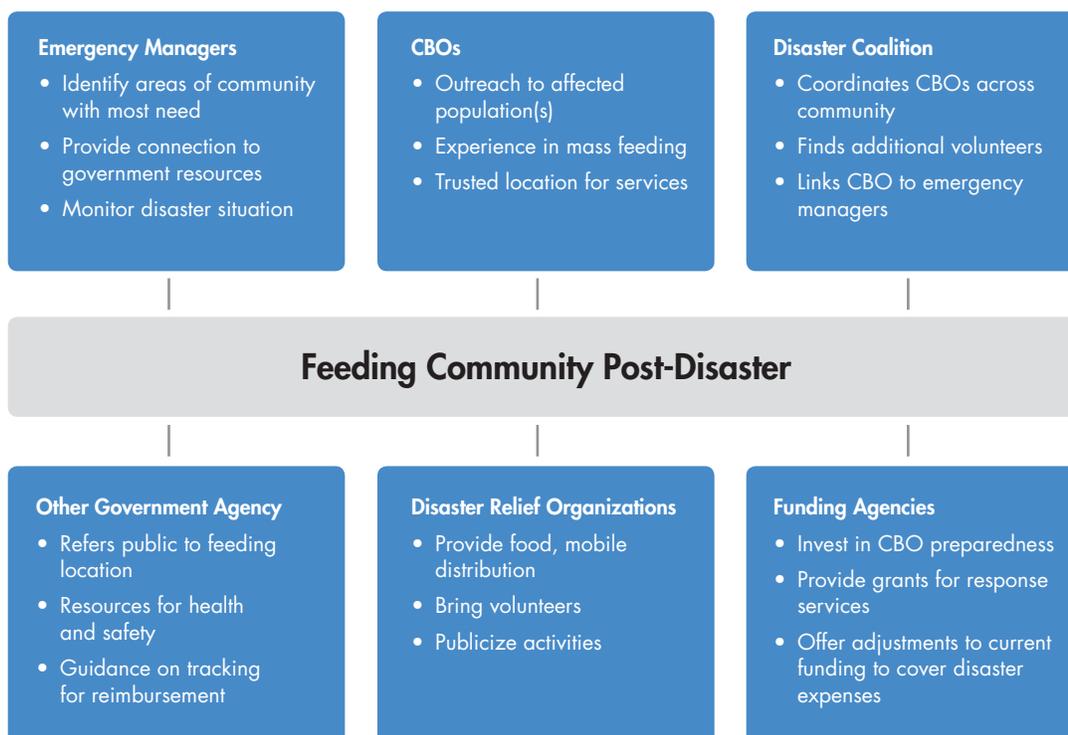
- **Designate a neutral facilitator.** Differences in culture and priorities can be polarizing and prevent organizations from collaborating. Interviews with disaster coalition leaders underscored the importance of having a neutral coordinating body that can lead the coalition and focus on building understanding and collaboration among organizations regarding disasters.
- **Establish formal relationships among partners.** Putting in place formal agreements (e.g., memoranda of understanding or MOUs) that specify clear roles and responsibilities for the coalition and homeless service providers and CBO members before, during, and after a disaster can increase accountability and minimize confusion. Such agreements also provide a lasting framework should individuals with key roles in the coalition or individual member organizations leave.

Step 6: Use the System

When a disaster strikes, it is time to leverage the system that has been developed to respond to the incident. During the planning process, partners should have begun to identify and practice how they will work together to meet the disaster needs of individuals experiencing homelessness in their community. The benefit of developing partnerships is that individual organizations now have additional skills and resources to overcome limitations. Figure 2 shows one example of how to leverage individual partner's strengths to create a strong and inclusive system that meets a community's disaster needs.

The following suggestions cover topics that partners should consider during planning meetings to position communities to be better able to respond together as an inclusive system.

FIGURE 2 – Example of an Inclusive Emergency Management System



For All Partners

Roles: One of the most important items to agree on as a group is clear roles and responsibilities within response plans. As outlined in previous steps, partners should discuss and reach an agreement on how all organizations will work together following a disaster. This means government partners should include homeless service providers and other CBOs in official city/county emergency management plans and homeless service providers and other CBOs should determine how their plans fit into the larger community response.

Communication: There should be a plan to connect with one another following an emergency. Groups should identify who, how, and when they will contact one another. The following are important components to address within a communication plan between organizations:

10 Key Areas for Homeless Service Provider and CBO Input in Local Emergency Plans

- Communication with homeless populations
- Sheltering displaced populations
- Mass feeding
- Case management
- Transportation and evacuation
- Health and mental health services

For specific resources on developing plans to cover these issues, see Section 1.4: Tools and Resources.

- Contact list with two or more points of contact for each organization, indicating who can make decisions about mutual aid for the agency and a plan to reach them.
- Multiple methods to communicate (phone, text, email, radio, etc.)
 - » May include a database of agencies' services and resources to streamline collaboration or a web-based system for CBOs to share client needs and details. For example, some 2-1-1 organizations provide this service.
- Policies on the type of information that will be shared (about the organization, clients, and current situation)
 - » Could include sharing client information across organizations. For example, the Coordinated Assistance Network (CAN) supports a data platform that communities can adopt to facilitate sharing disaster client information for case management and accessing disaster assistance. Homeless service providers can store client data in the privacy-protected CAN interface, sharing it with other homeless service providers/CBOs with the permission of individual clients.
- Plans for when partners will be contacted (based on size, location, type of emergency) and the process to activate a communication tree.
- Process for continued collaboration, either virtual or in person.

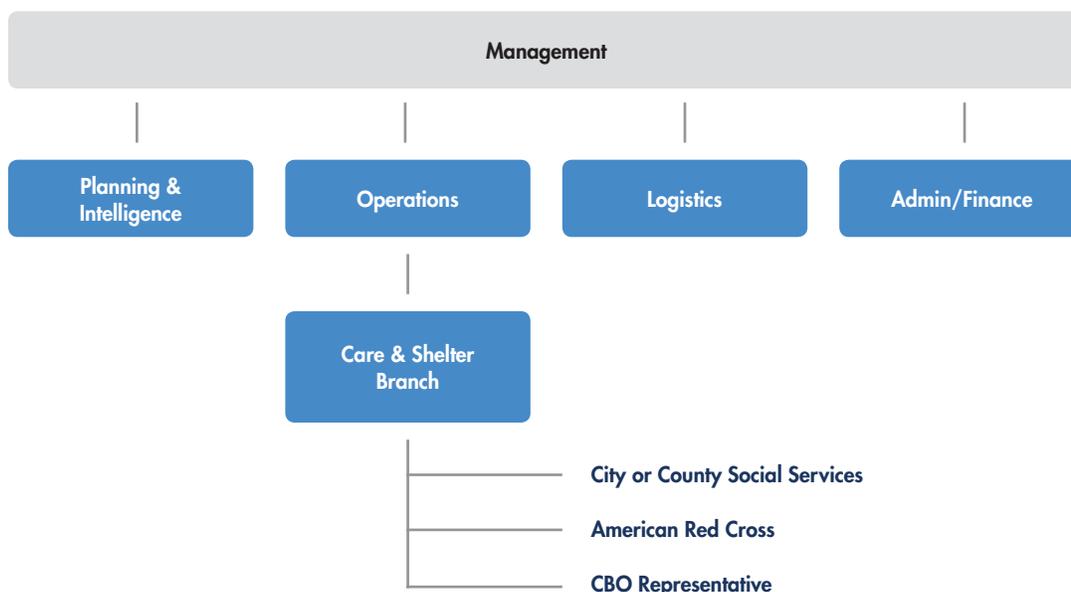
- Procedures to link with local government
 - » Designate an EOC liaison and an alternate, ensure this person does not have competing disaster response roles (i.e. a Red Cross disaster response coordinator cannot perform their job duties and be the EOC liaison for the group)

For an example, see the “Skid Row” Interagency Disaster Plan in Tools and Resources Section (Los Angeles Skid Row Interagency Disaster Collaborative, 2011).

For Government Partners

Structure: In order for the system’s response to address needs of homeless populations, homeless service providers need to be linked to the government’s response structure. These linkages will be different for each locality, but they are often incorporated into a response structure through the Emergency Operations Center (EOC). Within the local jurisdiction’s EOC, homeless service providers and other CBOs usually fit best within the Operations or Logistics Section (see Figure 3). Some nonprofits with nationally established relationships with the government (i.e. American Red Cross, Salvation Army) have seats within the Care and Shelter or the Public Health and Medical Services Branches of the Operations Section. Local VOADs or other disaster coalitions could also connect to the EOC through these branches. Other communities connect to homeless service providers and CBOs via their Community Emergency Response Teams (CERT) in the Logistics section, or may even create another branch within Operations. For example, the City and County of San Francisco established a Community Branch within Operations where SF VOAD is represented.

FIGURE 3 – The CBO Representative in the EOC: An Example



(Source: California Governor’s Office of Emergency Services (Cal OES), 2000)

Communication: In large jurisdictions, it is unrealistic for an EOC to connect with every homeless service provider or CBO within its municipality; however, if there is a disaster coalition, it is possible to have one coalition representative either physically present in the EOC or designated as the liaison with emergency management.

- Ensure the liaison, if expected to physically respond to the EOC, is approved, credentialed, and has at least two contacts at the EOC.
- Provide multiple means of communication between the coalition and EOC (phone and/or radio lines to EOC, relay stations through CERT, hubs with police or neighborhood groups, private phone numbers, databases, mapping software, etc.)
- Predetermine types of information to share between the disaster coalition and government
 - » Possibly develop standard form for situation reports (needs, resources, updates)
- Develop protocols for initiating communication (based on when the coalition is activated, the capabilities and needs of coalition members, etc.)

Step 7: Sustain an Inclusive System

Recovery is the lengthiest and most complex phase of a disaster. While homeless service providers have the skills necessary to meet the post-disaster needs of their clients, there are many challenges that hinder their ability to provide and sustain services during the long-term recovery period. (See Acosta et al., 2011 and Pipa, 2006 for a complete list of challenges and proposed solutions.) However, there are actions that communities can take immediately to help ensure that homeless service providers are part of the recovery process. Step 7: Sustain the System, focuses on recommendations to engage and help fund homeless service providers during the recovery phase to ensure they can continue providing needed services to people experiencing homelessness.

For All Partners

Following a major disaster, a flood of resources will pour into a community (See Box 11). Maintaining a coordinated and inclusive effort and ensuring that these resources reach all affected populations can be extremely difficult. There are two strategies that can help ensure that homeless service providers are at the table and able to receive needed financial support after disasters: including local homeless service providers in the long-term recovery group (LTRG) and establishing formal agreements between homeless service providers and government in advance of disaster.

A. Include Local Homeless Service Providers in the Long-Term Recovery Group

Often the most practical method for addressing long-term recovery issues is through a LTRG (also called long-term recovery committee or task force). A LTRG is a cooperative body that is made up of representatives from faith-based, non-profit, government, business and other organizations working within a community to assist individuals and families as they recover from disaster (National Voluntary Organizations Active in Disaster (NVOAD) 2012). The goal of the LTRG is to unite recovery resources with community needs in order to ensure that all populations, especially the most at-risk populations in the community, recover from disaster.

11

Post-Disaster Resources

- Regional and state assistance (supplies, funding, people, etc.)
- Federal Emergency Management Agency (FEMA) funding following a President declared emergency (Disaster Assistance Improvement Program)
- Other federal or state governmental disaster assistance programs (e.g., HUD)
- National relief NGOs, such as The American Red Cross
- State and National VOADs or disaster coalitions

(Source: California Governor's Office of Emergency Services (Cal OES), 2000)

Local homeless service providers should be represented in this long-term recovery group. Having a strong inclusive system and looking towards long-term recovery well before the response phase is over can help support a more efficient process to provide services and housing – especially permanent housing.

By involving homeless service providers, the LTRG will better understand the specific needs of homeless populations during long-term recovery. Likewise, homeless service providers will be more likely to learn about available financial resources as part of the LTRG. The involvement of local homeless service providers underscores the need to invest in local agencies providing services to the community.

B. Establish Agreements and Contracts with Homeless Service Providers in Advance of Disaster

Previous disasters have shown that CBOs, including homeless service providers, do not hesitate to provide necessary services to their community following a disaster, often responding without being asked or considering if/how their efforts will be reimbursed (Pipa 2006). As response turns into recovery, providers often begin to realize the financial ramifications of their disaster activities on their institution.

Most homeless services providers will only qualify for reimbursement if formal agreements or contracts with local government are in place pre-disaster. Formal agreements must delineate the provider's specific responsibilities and roles within the broader framework of the community's emergency response plan, and note whether the provider is to receive reimbursement before or after the local government receives its reimbursement from FEMA through the Stafford Act (See Box 12). Typically, it is the local government that applies to FEMA for reimbursement through the PA Grant program for financial assistance to cover these costs on behalf of the providers with whom it has these formal agreements (Pipa 2006; Angelheart January 4, 2006). By connecting with the emergency management system in advance of a disaster, homeless service providers will be better positioned to coordinate

12 Disaster Funding

Disaster funding sources vary depending on the geographical area of a disaster, extent of the damage, and location of the community. Local government jurisdictions may be able to access state or federal funding to assist in community recovery efforts. The Stafford Act (Public Law 93-288) authorizes the delivery of federal technical, financial, logistical, and other assistance to states and localities during declared major disasters or emergencies that overwhelm the response capability of state and local governments. Under the Stafford Act, the Federal Emergency Management Agency (FEMA) coordinates financial disaster assistance to state and local governments through the Public Assistance (PA) Grant program, which pays for an array of eligible response and recovery activities. To be eligible for a PA grant, an applicant's state government must receive a Presidential emergency declaration, and the primary grantee is the state government. Local government entities may be sub-grantees (Brown and Richardson April 16, 2015). State and local government entities are therefore the entities that may be eligible for PA grants funding to reimburse CBOs for the extraordinary costs of providing services to the community after a disaster. CBOs must have agreements in place to qualify CBOs for reimbursement through local governments. CBOs are typically not eligible for direct reimbursement from FEMA under the PA program.

with local government, which can in turn lead to more formalized agreements. Even if such agreements are in place, however, there are a number of limitations to government disaster funding (See Box 13). (See the "Background and Introduction" for more information on the Stafford Act and the Public Assistance Grant Program.)

Recognizing the challenges to CBO funding for disaster operations, some state and local governments and private foundations have worked with their partners to develop approaches to ensure organizations receive financial support to continue operations post-disaster (See Box 14). Funding streams from private foundations tend to be more flexible and nimble. During Hurricane Katrina, large national foundations were able to quickly direct funds to community CBO needs by:

- Providing new or additional funds to their CBO grantees rapidly;
- Turning existing grants restricted to a specific program into unrestricted funds so CBO grantees could apply the funds toward disaster needs;
- Accelerating fund availability on existing grants so monies could be disbursed quickly (Pipa 2006).

13 Limitations to Government Disaster Reimbursement for Services

- There are restrictions on the types of expenses eligible (e.g. CBOs' normal operating expenses are not covered).
- Financial assistance reimburses after initial costs have been incurred by the organization (i.e. there is no up-front disbursement of funds).
- Long-term recovery services are not covered (i.e. ongoing medical or continuous mental health care).
- People who were homeless prior to the disaster event are usually not eligible for long-term housing assistance.
- Application and disbursement process is time consuming, repetitive, and lengthy. Local governments may need to submit multiple iterations of applications and documentation.

For more information, the FEMA Public Assistance Program and Policy Guide (FP-104-009-2) (Federal Emergency Management Agency January 2016) provides a comprehensive overview of the Public Assistance Grant Program policy, eligibility and requirements. It provides links to other documents and process details.

1.3 Conclusion

This section provided an overview of the key partners for an inclusive system and guidance for emergency managers, public health officials, homeless service providers, and their community partners seeking to build relationships across sectors. We recognize that establishing, maintaining, and strengthening collaborations is always a challenging endeavor. Since many of the recommendations in this Section stem from best practices found in individual cities/states, the specific activities that most effectively build inclusive partnerships will vary between communities. Understanding local culture, important partners, and the unique characteristics of every community is important to adapt these suggestions to fit the needs of the local area. The important takeaway from this section is to tap into each partner's unique skill-sets to multiply the capabilities of the emergency management system, creating an inclusive system that can more effectively address the entire community's needs during and after disasters.

Example: Using the System to Improve Disaster Communications with Persons Experiencing Homelessness

Communicating disaster-related information with individuals experiencing homelessness can be a major challenge given limitations of traditional communication modes (Edgington 2009; Wexler and Smith 2015). Focus groups conducted with individuals experiencing homelessness in Pinellas and Hillsborough counties, Florida found that disaster information frequently spreads among persons experiencing homelessness through word-of-mouth and informal networks (National Health Care for the Homeless Council 2014). The information often originates with someone with access to TV, radio, or other source and tends to reach even those in isolated areas. Information is often limited, however, to notification of upcoming weather event, rather than resources or assistance (National Health Care for the Homeless Council 2014). An inclusive emergency management system with strong partnerships to homeless service providers can greatly increase the likelihood of effectively reaching persons experiencing homelessness with disaster communications. Specific strategies to enhance communications include: engaging homeless service providers, deploying outreach teams, messaging directly with persons experiencing homelessness, and crafting messages carefully.

Engage Homeless Service Providers

Notifying homeless service providers is critical to effectively communicating disaster-related information to individuals experiencing homelessness (Edgington 2009). Homeless populations often consider homeless service providers to be trusted sources of information. Since large numbers of persons experiencing homelessness congregate at these locations, information can be quickly and efficiently disseminated directly to them (Edgington 2009). Homeless service providers can also assist emergency managers in tailoring information to meet the needs of their clients and provide helpful strategies for broadcasting messages.

To facilitate timely communication, emergency managers or designated point-of-contact for CBOs (e.g., disaster coalition) should have a readily accessible, comprehensive database of homeless service provider contact information, their physical location, and designated liaisons (Wexler and Smith 2015). For example, 211 Tampa Bay Cares notifies service providers throughout Hillsborough County, FL of emergency information via phone and email (National Health Care for the Homeless Council 2014).

Use Trusted Outreach Teams

Many homeless service providers also have outreach teams that can locate and contact persons experiencing homelessness spread out in the community. Outreach teams that have an ongoing relationship with people experiencing homelessness are ideal partners for disaster communications given their familiarity with the population, their knowledge of where to find persons experiencing homelessness, and the established trust and credibility they have in the community (Edgington 2009; Wexler and Smith 2015).

Some communities have outreach efforts that include law enforcement (Edgington 2009). However, some persons experiencing homelessness may be reluctant to engage with law enforcement due to past negative interactions with the police. People experiencing homelessness are more likely to perceive firefighters or community workers more favorably and may be more willing to heed their disaster messaging as a result

(U.S. Department of Housing and Urban Development 2016). People from within the community experiencing homelessness may also be considered more trustworthy and reliable than government employees. In Punta Gorda, FL, veterans living in Volunteers of America transitional housing were involved in outreach to persons experiencing homelessness living in outdoor encampments. These Veterans were more likely to be trusted by residents than law enforcement officials, and the information they distributed was considered to be more reliable than word of mouth (Kerrie Wilson personal interview March 27, 2015).

Proper planning is essential to having effective outreach in a disaster. Homeless service providers and emergency management partners should identify areas where people experiencing homelessness congregate and assign outreach teams to each site (Edgington 2009).

Message Directly with People Experiencing Homelessness

Emergency management organizations increasingly use a variety of information technologies (ITs), such as social media, email, mobile applications, and text message, as a way to disseminate disaster warnings and response information to the public. Emerging evidence indicates that people experiencing homelessness regularly use many of these same ITs for a variety of purposes (McInnes, Sawh et al. 2014). For example, a recent review found that cell phone ownership among persons experiencing homelessness ranged from 44% to 62% and computer access ranged from 47% to 55%, depending on the study (McInnes, Li et al. 2013). While another study surveying youth that are homeless found 72% reported using the internet within the last two days, with 64% reporting they checked email and 56% checked social media during their last online visit (Rice and Barman-Adhikari 2014). Potential barriers to use of ITs with people experiencing homelessness include: difficulty paying monthly service bills, challenges keeping batteries charged, frequent change in cell phone numbers, and broken or lost phone or device (McInnes, Sawh et al. 2014). Despite these challenges, the findings from recent studies suggest ITs are an important area of future exploration for communicating with people experiencing homelessness about disasters.

Craft Messages Carefully

When communicating disaster information to people experiencing homelessness, it is important to craft clear, simple messages that promote trust and confidence, avoid fear-driven persuasion, and minimize negative triggers or responses (Edgington 2009).

Communication Tips for Disaster Messaging:

- Use short sentences and plain language
- Write at a sixth-grade reading level or lower
- Provide written materials in multi-lingual format representative of the community
- Include visual aids (maps, pictures, images) to highlight key messages
- Repeat key information
- Use large font size
- Identify preferred media routes for delivery of messages (radio, community paper, face-to-face)
- Work with media and communication specialists if possible (Centers for Disease Control and Prevention 2015)

See Section 1.4: Tools and Resources for additional sources on disaster communications.

1.4 Tools and Resources

Step 1: Get to Know the Community

1. Centers for Disease Control and Prevention (CDC). 2010. *Public Health Workbook. To Define, Locate, and Reach Special, Vulnerable and At-risk Populations in an Emergency*. Available from: http://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf (Accessed September 6, 2016).
This workbook outlines a process for defining, locating and reaching at-risk populations. The goal is to create a Community Outreach Information Network, which is a grassroots network of people and trusted leaders who can assist with emergency planning and provide information to at-risk populations during an emergency.
2. Agency for Toxic Substances and Disease Registry. ND. Social Vulnerability Index (SVI) Mapping Dashboard. Atlanta, GA: Centers for Disease Control and Prevention. Available from: <http://svi.cdc.gov/map.aspx>. (Accessed September 6, 2016).
This is a free web-based tool to help emergency managers identify and map communities that are likely to need support during and after a disaster.
3. U.S. Department of Housing and Urban Development. n.d.a. CoC Homeless Populations and Subpopulations Reports. Available at: https://www.hudexchange.info/manage-a-program/coc-homeless-populations-and-subpopulations-reports/?filter_Year=&filter_Scope=CoC&filter_State=&filter_CoC=&program=CoC&group=PopSub. (Accessed September 6, 2016).
HUD provides annual downloadable demographic data on sheltered and unsheltered homeless populations by locality, for each year starting in 2005.
4. National Alliance to End Homelessness. ND. *The State of Homelessness in America 2016*. Available from: <http://www.endhomelessness.org/page/-files/2016%20State%20Of%20Homelessness.pdf> (Accessed September 6, 2016).
This report uses the most recently available data from the U.S. Department of Housing and Urban Development (HUD), the U.S. Census Bureau, and the U.S. Bureau of Labor Statistics to present national and state trends in homelessness, populations at risk of homelessness, and the types and utilization of homeless assistance. It is intended to serve as a desktop reference for policymakers, journalists, and community and state leaders.
5. National Alliance to End Homelessness. ND. Community Snapshot. Available from: <http://www.endhomelessness.org/library/type/community-snapshot> (Accessed September 6, 2016).
This website provides snapshot information of homelessness in various communities. Not all localities are included.
6. U.S. Department of Housing and Urban Development, Office of Community Planning and Development. *The 2015 Annual Homeless Assessment Report (AHAR) to Congress Part 1: Point-in-Time Estimates of Homelessness*. Available from: <https://www.hudexchange.info/resource/4832/2015-ahar-part-1-pit-estimates-of-homelessness/> (Accessed January 9, 2017).
This report provides an overview of the nature and extent of homelessness throughout the

U.S., the number of people experiencing chronic homelessness, and the prevalence of homelessness among veterans, children, and youth.

7. U.S. Department of Housing and Urban Development, Office of Community Planning and Development. *The 2015 Annual Homeless Assessment Report (AHAR) to Congress Part 3: Estimates of Homelessness in the United States*. Available from: <https://www.hudexchange.info/resource/5162/2015-ahar-part-2-estimates-of-homelessness/> (Accessed January 9, 2017).
This report provides more detailed information about the nature and extent of homelessness within the U.S., including the number of people experiencing homelessness as individuals, as family members, and as members of specific subpopulations. This information can also provide a better understanding of populations at risk of homelessness.
8. Smith AS, Holmberg C, Jones-Puthoff M. 2012. *The Emergency and Transitional Shelter Population: 2010*. 2010 Census Special Reports. Available from: <https://www.census.gov/prod/cen2010/reports/c2010sr-02.pdf> (Accessed September 6, 2016).
This report provides demographic information on persons experiencing homelessness surveyed at emergency and transitional shelters in 2010.

Step 2-5: Design a Strategy for Collaboration, Establish Relationships, Meet and Discuss Common Concerns, Maintain Relationships

1. California Office of Emergency Management (Cal OES). 2000. *Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers*. Available from: <http://www.caloes.ca.gov/AccessFunctionalNeedsSite/Documents/Vulnerable%20Populations.pdf> (Accessed September 6, 2016)
This document provides guidance to emergency management professionals and volunteers to better meet the needs of vulnerable populations during times of disaster. Section 2 of this document provides guidance for emergency managers about partnering and building relationships with CBOs, including homeless service providers.
2. Cal PREPARE (UC Berkeley School of Public Health). 2011. *Engaging Community-based Organizations Serving Vulnerable Populations: A Focus on the Homeless*. (This resource is included in Appendix 3 of the toolkit).
This guideline outlines seven steps for developing an integrated network between Community-based Organizations serving homeless populations and connecting them with emergency management agencies and city and county representatives.
3. Acosta J et al. 2015. *Partnerships for Recovery across The Sectors (PRACTIS) Toolkit*. Santa Monica, CA: RAND Corporation. Available from: <http://www.rand.org/pubs/tools/TL188.html> (Accessed September 6, 2016).
The Partnerships for Recovery across The Sectors (PRACTIS) toolkit employs a survey, a quality improvement guide, and a recovery exercise to strengthen disaster recovery partnerships between local health departments and community-based organizations. Although targeted at the Recovery Phase, this tool may also be useful for organizations to evaluate potential partners during preparedness. See Chapter 2. Tools to Assess Current Partnerships among Recovery Organizations (pg. 6-23) for an example survey tool.

14 Examples of State/Local Government and Private Foundation Efforts to Ensure Delivery of Disaster-Related Funding to CBOs

Local and State Government Examples

- The City of St. Petersburg, FL committed to funding CBOs after a disaster, even if an organization is temporarily out of service due to damage sustained during an event. In exchange for executing an agreement with the City, organizations are required to participate in the emergency planning process, report their status during disasters, collaborate with peer agencies, and communicate with their clients. The county includes the following language in contracts with CBOs regarding funding following a disaster:
 - » *Payments During Disaster Recovery. The COUNTY agrees to support previously approved funded programs unable to provide normal services for a period of at least sixty (60) days after a disaster has been declared, provided the program agrees to address needs for like services within the community at the request of the COUNTY. This period may be extended within the current contract period at the discretion of the Human Services Director. The AGENCY will provide the COUNTY with a current copy of their Continuity of Operations Plan upon request.*

(Source: Clifford Smith personal interview, February 26, 2015).
- The State of California enacted the State Private Nonprofit Organizations Assistance Program that allows the state to reimburse private non-profit organizations for expenses over and above normal operating costs incurred while providing disaster assistance. Organizations, however, must be performing activities that are requested by a local or state jurisdiction. Activities are ineligible if they result from “self-deployment” without official requests from the government. (See <http://www.caloes.ca.gov/cal-oes-divisions/recovery/disaster-mitigation-technical-support/technical-assistance/state-private-nonprofit-organizations-assistance-program> for more information.) While the program helps to address the reimbursement challenges faced by CBOs, it requires substantial outreach, education, and assistance to CBOs by state and local jurisdictions and emergency managers to be effective (California Governor’s Office of Emergency Services (Cal OES) 2016).

Private Foundation Examples

- The San Francisco Foundation developed a disaster-funding program, where CBOs who are current grantees agree to participate in a continuity of operations planning curriculum. Grantees that meet specified disaster planning objectives have access to up to \$25,000 in emergency funds in the days following a disaster, as long as they are open and providing services.

(Source: Andrea Zussman personal interview, July 28, 2015).

- Within 10 days after Hurricane Katrina, the Baton Rouge Area Foundation distributed nearly \$670,000 to eight nonprofits, with additional funds arriving every two weeks, enabling local CBOs and churches to respond to the surge in service demands. Local funders along the Gulf Coast worked innovatively after the storm, pooling their funds and creating ad hoc coalitions. These actions provided CBOs with desperately needed funds-- \$2.96 billion in donations by November 2006—to respond to disaster human service needs (Pipa 2006).

4. Regional Catastrophic Planning NY-NJ-CT-PA. 2014. *Stronger Community, Better Response Connecting Community Organizations during Disaster*. Available from: <https://www.youtube.com/watch?v=qhurBdMXraM> (Accessed September 6, 2016).
This four-minute video is geared towards non-governmental organizations, community-based organizations, and faith-based organizations who find themselves taking an active role in disaster response and recovery in their communities. The video helps these groups understand how they connect to their local office of emergency management and to each other through VOADs or similar disaster coalitions.
5. Transportation Research Board (TRB), National Academy of Sciences. 2011. *The Communication with Vulnerable Populations: A Transportation and Emergency Management Toolkit*. Washington, DC: National Academies Press. Available from: <http://www.trb.org/Main/Blurbs/166060.aspx> (Accessed September 6, 2016).
This toolkit provides guidance, templates and tools for organizing networks of public agencies, CBOs, and businesses to assist vulnerable populations during a disaster. While many of the examples are focused on coordinating to meet the transportation needs of vulnerable populations during disaster, the guidance has broader applicability.
6. KU Work Group for Community Health and Development, University of Kansas. Community Toolbox. Chapter 5: Coalition Building I: Starting a Coalition. Available from: <http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>. (Accessed September 9, 2016).
The Community Tool Box is a free, online resource discussing various aspects of coalition development. This chapter also provides tools to assist in coalition building and examples of successful coalitions.

Step 6: Use the System

Communication among Partners

1. Los Angeles Skid Row Interagency Disaster Collaborative. 2011. Skid Row Interagency Disaster Plan. Available from: http://enla.org/wp-content/uploads/2011/06/Skid_Row_Disaster_Plan-no-contacts.pdf. (Accessed September 6, 2016)
This document describes a collaborative process that was undertaken involving numerous social service providers in the downtown Los Angeles area to develop a disaster plan for the most concentrated area of homelessness in the United States, "Skid Row". The shelters in the LA downtown area formed the Skid Row Interagency Disaster Collaborative, received grant funds for radios and planning assistance, and created a plan to work together, before, during and after a disaster. The Skid Row Interagency Disaster Collaborative's plan includes resources for nonprofit homeless service providers to use in disaster planning. While this document serves primarily to coordinate communications in the Skid Row area during emergencies, it also provides a list of Organizational Preparedness measures that homeless service providers can use to communicate with staff and clients and to plan for disasters.
2. National Health Care for the Homeless Coalition. September 2014. *Issue Brief: Integrating Homeless Service Providers and Clients in Disaster Preparedness, Response, and Recovery*. Available from: <http://www.nhchc.org/wp-content/uploads/2014/09/disasterbrief092014.pdf> (Accessed September 6, 2016).

This issue brief provides a case study of coordination and communication strategies to improve emergency preparedness, response and recovery for people experiencing homelessness in Pinellas and Hillsborough Counties, FL. Includes homeless evacuation shelter plan.

Linking Homeless Service Providers and CBOs to Emergency Operations Center

1. California Office of Emergency Management (Cal OES). 2000. *Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers*. Available from: <http://www.caloes.ca.gov/AccessFunctionalNeedsSite/Documents/Vulnerable%20Populations.pdf> (Accessed September 6, 2016).
Pages 15-16 of this report review the roles of CBOs in emergency operations centers.

Sheltering Displaced Populations

1. Emergency Network of Los Angeles (ENLA). 2014. *Mass Care Homelessness Planning Guide*. Los Angeles: ENLA. (See Appendix 4).
A template providing a framework for jurisdictions and networks seeking to establish strategies and procedures for coordinating the provision of mass care services people experiencing homelessness affected by a disaster. The guide addresses both people who are homeless before a disaster and people who are disaster-displaced, and is based on the planning process that occurred in the Los Angeles area, particularly with the Skid Row Interagency Disaster Collaborative (see “Communication among Partners” above).

Mass Feeding

1. *City and County of San Francisco Disaster Feeding Plan. Disaster Feeding Plan*. August 3, 2011. Available from: https://www.sfdph.org/dph/files/mtgsGrps/FoodSecTaskFrc/docs/DisasterFeeding_08032011.pdf. (Accessed September 6, 2016).
This PowerPoint presentation provides an overview of how the Tenderloin Hunger Task Force, in collaboration with the City and County of San Francisco, created a Disaster Feeding Plan to ensure the continued functioning of the production and distribution of meals to needy residents of the City of San Francisco.

Transportation and Evacuation

1. Edgington S. 2009. *Disaster planning for people experiencing homelessness*. Nashville, TN: National Health Care for the Homeless Council. Available from: <http://www.nhchc.org/wp-content/uploads/2011/10/Disaster-Planning-for-People-Experiencing-Homelessness.pdf> (Accessed September 6, 2016).

Details on incorporating people experiencing homelessness into transportation and evacuation plans are covered on pages 11-15.

Communicating with Homeless Populations

1. National Health Care for the Homeless Council. 2013. *Surviving Severe Weather: Tools to Promote Emergency Preparedness for People Experiencing Homelessness*. Available from: <https://www.nhchc.org/surviving-severe-weather/> (Accessed September 6, 2016).
This series of weather-specific informational flyers was developed specifically for people experiencing homelessness using input from people who are formerly and currently homeless.
2. Edgington S. 2009. *Disaster planning for people experiencing homelessness*. Nashville, TN: National Health Care for the Homeless Council. Available from: <http://www.nhchc.org/wp-content/uploads/2011/10/Disaster-Planning-for-People-Experiencing-Homelessness.pdf> (Accessed September 6, 2016).
This publication provides an overview of the unique needs and challenges that people experiencing homelessness face during disasters, and offers approaches for communication, case management, provision of disaster services, and fostering inclusion of CBOs in community planning for emergencies and disasters. Strategies for communicating with people experiencing homelessness are described on pages 7-10.
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This page provides emergency preparedness, response, and recovery resources for homeless service providers.

Step 7: Sustain an Inclusive System

1. National Voluntary Organizations Active in Disaster. 2012. Long-term Recovery Guide. Available from: http://www.nvoad.org/wp-content/uploads/2014/05/long_term_recovery_guide_-_final_2012.pdf in Tools and Resources Section for more information (Accessed September 6, 2016).
This document provides more information on long-term recovery groups and the long-term recovery process.
2. California Office of Emergency Management (Cal OES). 2000. *Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers*. Available from: <http://www.caloes.ca.gov/AccessFunctionalNeedsSite/Documents/Vulnerable%20Populations.pdf> (Accessed September 6, 2016).
For guidance on developing CBO agreements and recommendations to help ensure CBO reimbursement, see Section 3 of the Cal OES document. For samples of memoranda of understanding (MOU) between cities/counties and CBOs for disaster response role, view Appendices K-L of the Cal OES document.

3. California Office of Emergency Management (Cal OES). ND. State Private Nonprofit Organizations Assistance Program. Available from: <http://www.caloes.ca.gov/cal-oes-divisions/recovery/disaster-mitigation-technical-support/technical-assistance/state-private-nonprofit-organizations-assistance-program> (Accessed September 6, 2016). This website provides information for eligible private non-profits in California about how they may apply for reimbursement for the extraordinary cost of performing an essential community service at the request of local agencies during a state disaster event.
4. Pipa T. 2006. *Weathering the Storm: The Role of Local Nonprofits in the Hurricane Katrina Relief Effort*. Non-Profit Sector Research Fund. Working Paper Series. The Aspen Institute. Available from: <https://www.aspeninstitute.org/sites/default/files/content/docs/NSPPNonprofits%2520and%2520Katrina.pdf> (Accessed September 6, 2016). This resource is most relevant for funders and state, local, and federal policy makers. It provides lessons learned from Hurricane Katrina and makes recommendations for how to improve cross-sector coordination, collaboration, and funding of CBOs that respond.



“The services, functions and skill-set that CBOs contribute to the community every day will be vital to the community during a major disaster.”

Rob Dudgeon,
Former Deputy
Director, Department
of Emergency
Management,
City and County of
San Francisco

Section 2

Guidance for Homeless Service Providers: Planning for Service Continuity

Homeless service providers provide daily life-sustaining services and will be essential to addressing the needs of people experiencing homelessness during disaster response and recovery. However, the organizations that comprise this safety net often are not adequately prepared to serve this critical role in disasters and are consequently at risk of experiencing disruption in service operations or even shut down in a major disaster (Ritchie, Tierney et al. 2010; Vickery 2015a; Vickery 2015b; Gin, Kranke et al. 2016).

In order to function effectively during and after a disaster, homeless service providers need to have preparedness measures in place beforehand that enable them to continue service operations and coordinate effectively with emergency managers and other disaster response and recovery organizations. Improving these capabilities will enhance homeless service providers' ability to provide life-sustaining and potentially life-saving services during and after a disaster.

Ideally, homeless service providers that are beginning the preparedness process would have individualized technical assistance to help guide them through the process, answer questions, and check in regularly to keep the process moving. However, such technical assistance is often unavailable. While some local agencies (emergency managers, public health departments, disaster coalitions (e.g. Voluntary Organizations Active in Disasters (VOAD)), or Red Cross, or United Way) may offer limited technical assistance to CBOs regarding preparedness, many CBOs will not have the benefit of a technical assistance provider. This section is written for an audience of homeless service providers that are undertaking preparedness on their own, without external assistance.

Homeless service providers and CBOs should understand that the steps outlined below are time- and labor-intensive. The recommendations represent the steps to an ideal, complete preparedness plan. Nevertheless, whatever steps a CBO is able to do will increase the likelihood that it is able to keep its doors open and continue serving its clients in the aftermath of a disaster.

“Get your own house in order first; then develop capacity to engage with the community.”

Los Angeles Skid Row Interagency Disaster Collaborative

2.1 Steps For Organizational Preparedness

This section outlines steps² that homeless service providers can undertake to enhance their own preparedness and contribute to the overall resilience of the community. These steps are designed to help all CBOs prepare for disasters, and can be used by non-profit human service providers that work with all populations—they are not limited to people experiencing homelessness. Since this toolkit focuses on enhancing preparedness to address disaster needs of people experiencing homelessness, however, many of the examples focus specifically on homeless service providers. Examples are provided, along with a list of resources to help CBOs initiate the planning process for disaster response and recovery.

Step 1: Identify an Internal Champion and Preparedness Team

Strong commitment among organizational leadership is crucial for a CBO to successfully prepare for disasters. While many CBO leaders acknowledge the importance of preparedness, there are always competing commitments on time and resources. Unless organizational leadership invests in disaster preparedness and promotes it as a priority to all staff, preparedness efforts rarely succeed.

Identify an Internal Champion

The responsibility for securing buy-in for change typically rests on the shoulders of one, or a few, individual(s) who assume the role of “champion,” pushing forward preparedness within the organization and keeping staff and leadership focused and committed to change. Without a champion, preparedness efforts can falter within an organization. The champion’s role is to build buy-in and keep staff motivated. Ideally, a champion needs to devote an average of four to five hours a week during at least the first year to build and sustain momentum, although the amount of time needed will vary depending on the size and scope of the CBO’s services. If a CBO is unable to identify an internal champion who can devote sufficient time to disaster

² These steps were adapted from the Fritz Institute’s Handbook for Facilitating Disaster Resilient Organizations (DRO) materials (Fritz Institute Handbook, 2009). Material is reprinted with permission of the Fritz Institute.

preparedness activities, leadership may appoint other staff to assist the champion to ensure that the tasks are completed.

Ideally, a senior staff member will take on this role to encourage the participation of other senior staff, although anyone in the organization with the right set of skills (see “Characteristics of effective champions”) could serve in this role. Regardless of who assumes this role, organizational leadership must make clear that the champion has the authority to ask senior staff to contribute time and energy. Oftentimes, Facility Managers, Directors of Operations, Directors of Housing Services, Client Services Directors, and Human Resources Managers have particularly applicable skill sets for this job.

15 Characteristics of Effective Champions:

- Motivated to “own the process” within the organization and have the time to devote to achieving results
- Enjoy problem solving and are not easily deterred by logistical challenges or setbacks
- Not afraid to gently “push” colleagues to complete essential tasks to keep the process moving forward
- Have direct communication channels to all the staff members relevant to disaster planning
- Have the authority to ask for time and energy of senior staff for critical disaster planning tasks
- Confident, yet respectful, particularly when communicating requests on behalf of the senior staff

Form a Disaster Committee

The internal champion needs support and guidance from within the organization. A Disaster Committee of knowledgeable, diverse, staff members, preferably with leadership authority, is needed to develop a comprehensive preparedness strategy and establish buy-in throughout the organization.

Steps for Forming an Effective Disaster Committee Include:

- The Disaster Committee should include key individuals within the leadership team who are knowledgeable and who manage critical areas. They typically include Directors of Operations, Client Services, Housing, Facilities, Human Resources, and Finance. While they may send representatives from their departments to the meetings, representatives should have the authority to make decisions on behalf of their respective departments. Each member’s time commitment will vary as the committee moves through different elements of the process, depending on their relevance to their departments.

16 Example of a Disaster Committee:

Episcopal Community Services (ECS) is a large provider of services, including housing and shelter, to individuals and families experiencing homelessness in San Francisco. ECS appointed its Disaster Committee (DC) to serve as a tactical response team within the organization. A directive from the Executive Director facilitated the convening of senior staff members for an Incident Command System training. ECS organized their DC based on location of residence, since all of ECS's facilities are in San Francisco. The senior staff members, who occupy key roles in their organization's Incident Command System structure, decided to volunteer to serve on the DC because they all resided in the City of San Francisco and would be the ones most likely to respond in a disaster.

- At the first meeting, the Disaster Committee should start developing a Disaster Mission Statement (see Box 17) at its first meeting. The Disaster Committee should develop the Disaster Mission Statement and the Disaster Plan as a collaborative effort, not with the champion working in isolation.
- The champion should provide a written agenda and clearly stated objectives for all meetings. Afterwards, the champion should create minutes from all planning meetings, including central discussion topics, and any decisions made or assignments accepted.

17 Disaster Mission Statement

The statement driving an organization's disaster plan, describing how it will prioritize outreach to staff, clients, and community after a major disaster. Learn how to draft this in Step 3 and how it impacts planning in Step 5.

Step 2: Identify Technical Assistance Resources to Initiate the Planning Process

Ideally, CBOs would have individualized, external technical assistance to help with their preparedness planning efforts, but this type of assistance is not available for most organizations. As an alternative, some local agencies (emergency managers, disaster coalitions (e.g. VOADs) have offered group trainings, workshops, or seminars with multiple CBOs attending. If trainings or workshops are not currently available, one or more better-resourced CBOs in the community may need to take the lead in reaching out to potential

providers such as emergency managers, VOAD, or Red Cross to create such opportunities. These events can be especially helpful if interactive training exercises are included that enable CBOs to work through disaster scenarios and planning milestones as a group, bounce ideas off peer organizations, and discuss their concerns. During such interactive exercises, trainers should encourage CBOs to create relationships with peers so they can have ongoing exchanges after the training. Beneficial outcomes of establishing peer relationships include mutual aid agreements, peer mentoring, coalition building, and cross-sector partnerships with emergency managers and other partners (See Section 1 of this Toolkit for information on building collaboration).

On-line resources to assist CBOs in developing a disaster plan are available in “Tools and Resources” at the end of this section. The SF CARD Agency Emergency Plan (AEP) (San Francisco Community Agencies Responding to Disasters (SF CARD) June 2011), which guides CBOs through the process of developing an organizational disaster plan, is provided in Appendix 4. The AEP serves as the working template for Steps 4-7 in this Toolkit.

Example

The San Francisco’s Tenderloin Hunger Task Force realized that their member organizations needed further training, and reached out to their respective funders to initiate a disaster training workshop.

18 Potential Resources for Training and Planning Include:

- City or county emergency management agency
- Local chapter of Voluntary Organizations Active in Disaster (VOAD), American Red Cross and/or the United Way, Salvation Army, Volunteer Centers, and interfaith organizations (Episcopal Relief and Development, Lutheran Disaster Relief, Catholic Charities, Presbyterian Disaster Relief, Szu Tzi Foundation, Baptists)
- Local government agency that supports emergency preparedness, Community Emergency Response Team (CERT), and police and fire departments
- Universities and colleges, Departments of Public Health, Homeland Security, business development centers, city business offices

19 Possible Training Types and Local Agencies that May Offer Them:

- **Emergency Management Agencies:** Incident Command System (ICS) - the response structure used by governments in disasters; local emergency procedures. Training in ICS and the National Incident Management System (NIMS), including ICS 100-400, is also available on-line at the FEMA Emergency Management Institute at: <https://training.fema.gov/nims/>
- **Community Emergency Response Team (CERT), police, fire:** Emergency response procedures
- **Local VOAD:** Coordination and collaboration between CBOs and emergency management

Step 3: Build Organizational Buy-In

This step involves making a tangible commitment throughout the organization to undergo the preparedness planning process.

Initial Steps

Building organizational buy-in for this process is extremely important. Steps for building organizational buy-in for the preparedness process include:

- **Leadership Messaging:** The organization's CEO or executive director should create a letter articulating the importance of the organization's commitment to preparedness, including the endorsement of staff devoting a reasonable amount of time to this effort. For example, the CEOs of the major Skid Row service provider organizations in Los Angeles signed such a letter endorsing the Skid Row preparedness effort.
- **Staffing:** As discussed in Step 1, it is invaluable to have internal champion(s) to lead the preparedness effort. The internal champion(s) should ideally be given adequate time and resources (supplies, equipment) to be successful. This may mean duties need to be re-prioritized or re-distributed between employees in order to achieve preparedness objectives.
- **Adequate Resourcing:** Organizations can also elect to create a line item in their annual budget for preparedness related tasks, accompanied by targeted milestones. Designating a budget line item underscores the idea that preparedness is a critical priority. While there are opportunity costs (foregone time, money and resources) related to preparedness, the enhanced infrastructure for preparedness will help an organization survive and recover from an event. CBOs may find that the preparedness planning process also helps to identify areas in daily operations that could be improved, resulting in value-added practices and procedures.

Once an institutional structure is in place, the Disaster Mission Statement and the Launch Meeting are critical steps to help the organization decide what it wants to be able to accomplish during and after a disaster, and build buy-in to achieve these capabilities.

Disaster Mission Statement (DMS)

The immediate days after a disaster are likely to be challenging for an organization's operations. It may not be feasible to continue all of the organization's services in the immediate aftermath of a disaster, when personnel may be limited or preoccupied with responding and restoring disrupted services (and personal matters). The most important step in creating a disaster plan is identifying the activities the organization wants to prioritize following a disaster. The Disaster Mission Statement considers how the organization will prioritize outreach to staff, clients, and community after a major disaster with limited resources and personnel. In this context, the organization needs a more limited mission than its current mission. Drafting a Disaster Mission in advance of the Launch Meeting is critical to establishing a starting point for discussion and establishing a specific, concrete goal for a prepared organization. The DMS is the Disaster Committee's top priority.

The following are steps for drafting a Disaster Mission Statement:

- Consider all the services that the organization currently provides, and what is needed to make them happen (housing, shelter, food, etc.)
- Consider what might happen to that structure in a disaster, where staff and resources might suddenly be reassigned or otherwise unavailable. Under such circumstances, the organization will need to prioritize among these services. Consider the following questions:
 - » What role will your organization serve for your clients and community?
 - » Will you expand or contract services?
 - » What will be the priorities of your organization?
- Accept that you may not definitively resolve all of these questions, nor reach consensus on your DMS at your first meeting. The DMS need not be perfect and it can change. It is a statement of strategy that you can adjust later to meet specific challenges of a disaster.
- Consider employing the following exercise to keep the committee focused on planning for the likely limitations in the aftermath of a disaster:
 - » List limitations that will affect the organization's ability to provide services e.g. lack of electricity, transportation limitations, etc.
 - » List the top 4-5 priorities for the first 24 hours after a disaster.
- The DMS should clearly articulate the specific services that the organization intends to prioritize after a disaster. A good test is to ask a mid-level supervisor, whether s/he would be able to spring into action and identify specific steps upon reading it.
- Include the organization's current mission statement and examples of other organizations' DMS to facilitate discussion of how the DMS differs from the current mission statement.
- Recognize that the organization's everyday mission statement may not be feasible in post-disaster operating conditions. The DMS must reflect the organization's need for a narrower, focused set of priorities.
- The draft Disaster Mission Statement can be a catalyst for discussion at the Launch Meeting, where staff are invited to offer feedback and consider possible revisions.
- Once the DMS is finalized after the Launch Meeting, the Executive Director and Board of Trustees should approve and disseminate it to all staff.

20 Tips for Developing a Disaster Mission Statement

- Think about the organization's commitments
- Recognize that the organization will be operating with limited resources during a disaster
- Identify the organization's most critical clients and services
- Define the level of operations during a disaster
- Plan for uncertainty
- Address the likely surge in demand
- Ensure engagement/buy-in of the leadership team and board of directors

(Source: Fritz Institute Handbook, 2009).

Launch Meeting

Individuals and families experiencing homelessness will be in great need after a disaster, and it is up to the CBO to decide what role it would like to play in helping them. This is the central message of the Launch Meeting, and answering this question will help an organization move toward staff buy-in. The Launch Meeting is an opportunity to begin an organization-wide conversation about preparedness where all staff members can openly share their assumptions.

The following steps are suggested for running an effective Launch Meeting:

- Make introductions. Any outside presenter should be introduced (i.e. technical assistance provider, emergency manager). Key staff should introduce themselves and their role in the preparedness process.
- Review potential disaster scenarios and the risks they pose to the community and organizational infrastructure. Disaster scenario exercises are an effective way for staff to recognize gaps that may not have been apparent before they considered possible situations that could affect their organization.
- Explore how a disaster could impact the organization—its clients, neighborhood, and community.
- Review the draft Disaster Mission Statement and obtain feedback from staff.
- Brainstorm challenges, priorities and responses.
- Secure buy-in from participants.
- Identify key personnel and potential roles in disaster planning.
- Clarify responsibilities and expectations.

The Launch Meeting will generate momentum for the disaster planning process and build confidence in the organization's planned efforts for change. Typically, the Launch Meeting can convince staff who initially may have been skeptical of the value of preparedness planning.

21 Disaster Mission Statement Examples

Large-Multi Service Provider that Provides Food and Transitional Housing

1. Ensure safety and status of staff, volunteers and clients on-site
2. Ensure clients in residential programs are safe. Check their status and assist as needed
3. Treat and/or refer people with emergency medical needs
4. Establish a temporary communications and assistance center (information and referral for clients, volunteers, donors, and others)
5. Establish food program as soon as possible

Multi-Site, Multi-Service, Affordable Housing Provider

- Protect the lives of our employees, program residents, participants of our services, and visitors
- Continue agency operations and service delivery to the extent possible

Order of priorities are:

1. To ensure the safety of staff, participants and volunteers on-site at the time of and immediately following the event, and to assist in accessing medical attention, as needed
2. Continue to provide residential participants safe and supportive shelter and housing following the event
3. Assist non-residential participants in their efforts to access safe emergency shelter or housing, as needed

Large Foundation & Church Primarily Serving Individuals Experiencing Homelessness

In a disaster, ABC Foundation/ABC Church will maintain hope and aid the community by providing emergency services: short-term shelter, food, and health and mental health services.

(Source: Fritz Institute Handbook, 2009)

22 Examples of Building Organizational Buy-In

▪ **Presenting a Disaster Scenario**

During the BayPrep project, Richard Eisner of the Fritz Institute developed the prototype for the Launch Meeting, focusing on the threat of a catastrophic earthquake to the Bay Area. As the Coastal Regional Administrator for the California Governor's Office of Emergency Services, he participated in the response to the 1989 Loma Prieta earthquake and shared firsthand his experience working with local CBOs in San Francisco and surrounding communities during the earthquake response and recovery. During his presentation, he described the impacts a major earthquake is likely to have on organizational infrastructure and the challenges that CBOs and their clients may experience during the recovery process. His presentation included a short film from the U.S. Geological Survey that gives a sense of just how long and intense the shaking was during the 1906 San Francisco Earthquake and a real-time map of minor earthquakes occurring in the Bay Area at the same time as that of the presentation, giving a sense of the frequency of these events. This information helped to reinforce the importance of CBOs being prepared to resume their role as resources to clients (Fritz Institute Handbook, 2009).

▪ **Building Leadership Awareness**

The San Francisco Foundation's Disaster Preparedness Program held a "Preparedness Summit" attended by the executive directors and leadership of the 42 CBOs participating in their "preparedness cohort." Guest speakers at these Summits included the State of California's Chief Service Officer, who spoke about what it was like to be the executive director of a Skid Row non-profit organization during the 1992 Los Angeles riots; and the executive director of the food bank in the Jersey Shore region, who spoke about the organization's experience during Hurricane Sandy. In outlining disaster situations that CBOs could envision themselves experiencing, these speakers provided attendees with tangible reasons to make preparedness an immediate priority.

(Source: Andrea Zussman personal interview, July 28, 2015).

Step 4: Prepare Staff

CBOs cannot respond effectively to a disaster without prepared staff. No matter what resources, supplies, facilities, or expertise an organization has, plans cannot be put into action if staff are not available and prepared to participate in disaster response activities. This means organizations should make sure that its staff is both prepared for their role in the organization following a disaster and have preparedness plans for their own personal situations.

Through personal preparedness training, staff may realize their personal situations will prohibit them from responding to the organization's needs during a disaster. For instance, some individuals may have dependents (children, elderly parents, household members with access and functional needs) or pets that need their care during an emergency. Staff should be offered the opportunity to have one-on-one conversations to opt out of immediate response duties. These staff members may instead be part of a later response and/or recovery team. Knowing staff availability will also help CBOs as they develop their plans for organizational response and recovery.

A CBO's disaster plan should include human resources and personnel policies and procedures. By writing these out, CBOs will clarify expectations and staff will be able to better understand and prepare for their roles and responsibilities. Disaster personnel planning will also address contingency plans for implementing its Disaster Mission with various levels of staffing, including a designated minimum. This will help put everyone on the same page and minimize the number of decisions (and hopefully missteps) made in the immediate aftermath. Creating written plans will also include the automatic deployment of vital personnel, staff communication, and assignment of disaster roles. To make these policies clear, leadership should devote a portion of staff meetings (at least one a month) to discussing personal or agency preparedness.

23 Steps for Preparing Staff

- Identify existing staff skills in disaster response
 - » Skills Assessment of all staff (e.g., ham radio operator, CPR, Community Emergency Response Team (CERT), pilot, medical, first responder)
- Train staff and key volunteers in personal preparedness and needed skills
 - » Community Emergency Response Team (CERT)
 - » First Aid
 - » CPR
 - » Family Preparedness
- Establish a schedule and arrange for periodic staff personal preparedness training.
- Incorporate Disaster Preparedness training into new-hire orientations.

(Source: Fritz Institute Handbook, 2009)

Step 5: Meet Client and Staff Needs During and After a Disaster

Providing services to clients is part of the core mission of most CBOs, both on a daily basis and during disasters. CBOs need to consider what is required to meet the basic needs of people under their care—staff, clients and visitors—as well as anyone to whom it intends to provide outreach. For organizations providing onsite residential services, this includes obtaining information about and planning for residents’ specific needs. This step also includes preparing clients for disasters, including conducting regular drills to ensure that their ability to respond. CBOs are encouraged to consider skills they can instill and promote in their clients to effectively participate in the organization’s preparedness and response efforts as full partners (SF CARD, June 2011). In this step, CBOs are advised to revisit their Disaster Mission Statements and consider how they will actually perform these functions in a disaster.

Onsite Service Delivery

- Evaluate different scenarios involving the numbers of clients, visitors and others that may be at your site in an emergency.
- Identify staff and clients’ access or functional needs and how they will be accommodated. For example, if a staff member has mobility issues and works on the fifth floor of an agency’s building, is there an evacuation chair for their use?
- Determine how expected numbers of staff (depending on shifts or times of the day) will address the needs of onsite individuals.
- Develop protocols for dealing with injured, panicked clients.
- Obtain clients’ emergency contacts (if appropriate).

Offsite Service Delivery

- Identify and map most critical offsite client locations.
- Prepare critical clients for disasters with information and planning tools.
- Identify clients and determine what outreach is possible and/or required. If the DMS does not already do so, specify which groups of clients will be the focus of outreach, and in what priority order (i.e. program clients first, then street clients).
- Develop a plan for outreach, allocation of vehicle assets and fuel, and communication procedures for outreach staff. Identify (if possible) planned CERT staging areas, hospitals and clinics, fire and police stations, shelter locations, and food distribution sites.

24 Disaster Personnel Policies

Policies should cover:

- Expectations of staff following a disaster
- Responsibilities to care for staff (safety, well-being, shelter, feeding)
- Accommodation for staff and communications with loved ones

25 Disaster Personnel Plans

Disaster personnel plans may include:

- Developing contingencies for different staffing scenarios (i.e. disaster strikes after hours, on a weekend, holiday, or other time with minimum staffing).
 - » What roles will staff members assume in a disaster? For example, shelter manager, triage, search and rescue, client outreach, volunteer manager.
 - » Which staff are prepared to step into these roles?
 - » Decide how staff will be deployed or activated in different scenarios (weekends, holidays, etc.).
 - » Who would deploy to the organization automatically? Under what circumstances?
 - » Who would wait for instructions before deploying?
- Mapping staff's home locations and client/service delivery locations to visualize how best to utilize and deploy staff in a disaster.
 - » Who would deploy to parent or sister organizations, especially if they live closest to one of those?
- Developing a staff contact-tree and methods for communicating
 - » Is there a non-public phone number or email for the organization for staff to contact in an emergency?

26 Example of Preparing Staff for Disaster Response

One homeless service organization, knowing that many of its residential buildings were vulnerable to earthquakes, took a two-pronged approach to addressing facility vulnerability. First, it encouraged its maintenance staff to become trained in Neighborhood/Community Emergency Response Team (free public training offered by most local fire departments) (NERT/CERT) so they would have individuals with search and rescue capability should their buildings become threatening to life and safety. The organization also established a safety committee to conduct inspections and train staff in how to ensure that the areas in their workspaces were secured to avoid internal damage and in properly storing hazardous chemicals. Finally, the organization included scenarios as part of regular staff drills that assumed some of their buildings could not be used in an earthquake and asked staff to think through how they would respond to these scenarios.

(Source: Fritz Institute Handbook, 2009).

After identifying all of the above contingencies, CBOs should list the minimum materials, including food, water, first aid, medicines, and shelter equipment that will be required to meet the identified needs of the organization, its staff, and its clients.

- Identify equipment needed (i.e. duct tape, plastic sheeting, light search and rescue tools, flashlights, gloves, paper, pens, radios, caution tape).
- Determine what other items might be useful including medications, special equipment (oxygen bottles, etc.), and blankets.

Preparedness for Clients

In addition to preparing to support clients during a disaster, CBOs can also help clients by providing them with resources to help them prepare for disasters, to reduce the impacts of a disaster.

- Conduct regular preparedness training, including evacuation drills, for clients residing on-site in transitional housing. Some CBOs have included longer-term transitional housing residents into their safety and security staff, which helps connect clients to preparedness.
- Ensure clients have the organization's emergency contact information, including addresses and phone numbers of sites.
- Provide clients with disaster information, interpreted to be appropriate and relevant to their unique circumstances.
- Provide clients with information about the services they can expect to receive from the organization after a disaster, as outlined in the Disaster Mission Statement. Let them know how they may be able to access services and support from other agencies after disaster. Tell them how the CBO will communicate with them after a disaster about service availability.

Additionally, safe and well-developed evacuation procedures are essential to meeting client and staff needs during and after a disaster.

- Ensure safety by:
 - » Clearly marking evacuation routes.
 - » Holding periodic evacuation drills (document the dates, times, and any problems identified during drills).
 - » Investing in assistive devices (e.g. evacuation chairs) for persons with mobility issues.
 - » Providing floor wardens with radios and flashlights.
 - » Identifying rally spots and alternative sites for temporary operations and sheltering if facility is damaged.
- Account for all staff and clients by:
 - » Including current staff and/or client roster in Go-Kit.

There is the possibility that during a disaster, facilities can become too damaged to be used.

In this situation, CBOs may designate an alternate location for service delivery. This may mean connecting with other organizations or businesses to discuss the possibility of using their property.

- Identify resources needed and where to get them:
 - » Existing supplies within organization that can be transferred to alternative site.
 - » Trained staff/volunteers with specialized skills to provide services
- Keep communication open and clear:
 - » Alert clients and others to where you have relocated.
 - » Let emergency contacts know where staff / clients are located.
- Plan for transportation to alternate site:
 - » Identify those capable of walking (if location is within walking distance).
 - » Have contact numbers for taxi services and maps for mass transportation services like bus and subway. Have contact numbers for van rental companies.
 - » Assign people to assist individuals with transfer or to stay with those unable to relocate.
- If an agency has vehicles:
 - » Maintain a list of all vehicles, identification numbers, license plate numbers, and registration records.
 - » Determine how the vehicles will be deployed during an event.
 - » Consider fuel requirements.
 - » Ensure vehicles have emergency radios, go-kits, and emergency supplies like blankets and food.

Step 6: Back Up Unique Documents

Backing up important documents is critical to successful operations, making it a high priority in the preparedness process. Organizations should have documents accessible so they can resume operations immediately post disaster, apply for emergency funds (if available), and serve as a resource in the community. CBOs should consider an off-site back up location that will not be impacted by the most likely disasters in their community. Several designated staff members should have access to these documents and they might also want to keep copies on a locked flash drive or encrypted and saved on a web-based cloud storage device off-site.

Important documents:

- Financial records
- Personnel records
- Client records
- Legal documents
- MOUs, contracts and other agreements
- Permits, credentials, licenses from state, city, county entities

Step 7: Maintain Financial Operations

An important question homeless service providers, need to explore is how the agency will finance its emergency operations. Homeless service providers should develop procedures for maintaining existing funding after a disaster as well as ways to access emergency/disaster funds.

- Keep a contact list of organizational and individual donors for outreach after a disaster.
- Contact organization's current funders and discuss the possibility of a post-disaster emergency funding grant.
- Ensure that individuals are designated to sign for credit and advances in emergencies.
- Ensure access to a predetermined amount of cash reserves for emergencies.
- Pre-establish emergency credit authorizations with financial institutions; this may be in the form of a line of credit for emergencies.
- There is a common misperception that the Federal Emergency Management Agency (FEMA) will provide financial reimbursement to businesses for damage from a disaster. However, FEMA only offers financial assistance to individual homeowners for disaster damage. CBOs with disaster-damaged facilities may be eligible for low-interest disaster loans from the US Small Business Administration (SBA) to finance repairs. Disaster assistance forms for these loans are available on the SBA website: <https://www.sba.gov/managing-business/forms/small-business-forms/disaster-assistance-forms>.
- Initiate a conversation with local government representatives regarding the services they would expect homeless service providers to provide in a disaster and whether reimbursement for disaster services is an option. Homeless service providers with written agreements with local government agencies to provide disaster services—such as providing food and shelter in a disaster for a larger-than-normal population of persons experiencing homelessness—may qualify for reimbursement from these local government agencies. Section 1 provides more detailed information about these collaborations, and how to develop them in order to qualify for disaster funding from state and federal emergency management agencies.

Staff also need to continue to receive paychecks. This means CBOs need to continue documentation of expenses and staff time following an emergency. Compensation policies should be determined before an event occurs and policies and procedures should be written out in the organization's plan.

- Create a policy for emergency operations compensation—who gets paid for what, when, and how? Ensure as many staff members as possible have direct deposit to facilitate emergency pay distribution.
- Determine shift lengths and overtime pay for staff. Consider how long a person is able to function before judgment becomes impaired. This may not always be possible in an emergency, but agencies should think through personnel and compensation issues and develop guidelines for emergency situations.

2.2 Conclusion

With a commitment to preparedness, homeless service providers will be better positioned to serve their clients in the community by ensuring that they can weather the challenges of a disruption. This guide has outlined seven steps to help an organization get there—from securing a commitment for preparedness within the organization to creating a robust organizational disaster plan. Working through these steps help your organization come together to better understand the importance of planning for the unexpected, whether it is an earthquake that shuts down half the city, or a server room flood that wipes out your computer system. These steps outline how homeless service providers and other CBOs can establish the foundations of preparedness—the internal champion, Disaster Committee, buy-in, and the Disaster Mission—in order to anchor the planning process. From that point, homeless service providers can adapt their disaster plan according to what works best for their own organizational context. The investment of time and resources into planning for disasters will make organizations stronger and better able to serve the community, both every day and in the long run.

2.3 Tools and Resources

Disaster Planning Guidebooks

1. Fritz Institute, 2009. Building Disaster Response Capacity in Community- and Faith-Based Service Providers. A Handbook for Facilitating Disaster Resilient Organizations, Version 1.0. San Francisco, CA. This document takes CBOs through the process of becoming prepared for disaster, including getting started, identifying a Disaster Committee, defining disaster mission, and creating a disaster plan. It is designed for use with the San Francisco Community Agencies Responding to Disasters' (SF CARD) Agency Emergency Plan template, and the Fritz Institute Disaster Resilience Standard for Community and Faith-Based Service Providers (both available below) (Fritz Institute Handbook, 2009).
<http://em4cc.org/wp-content/uploads/2017/06/Fritz-Dis-Res-Org-Manual.pdf>
2. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Family and Youth Services Bureau. Ready for Anything: A Disaster Planning Manual for Runaway and Homeless Youth Programs. This is a handbook for organizations providing housing for runaway and homeless youth to engage in disaster planning. It includes templates, worksheets, instructions, and questions to help organizations work toward creating their own disaster plans (ACF, n.d.b). (Accessed September 6, 2016).
<http://ncfy.acf.hhs.gov/publications/ready-anything-disaster-planning-manual-runaway-and-homeless-youth-programs>

3. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 2013. Disaster Planning Handbook for Behavioral Health Treatment Programs. Technical Assistance Publication (TAP) 34. This document is a disaster planning handbook for behavioral health provider organizations, providing step-by-step guidance through the disaster planning process. It includes instructions for continuity planning and worksheet templates and checklists (SAMHSA, 2013) (Accessed September 6, 2016).
<http://store.samhsa.gov/product/TAP-34-Disaster-Planning-Handbook-for-Behavioral-Health-Treatment-Programs/SMA13-4779>
4. Public Health of Seattle & King County. December 2006. An Influenza Pandemic Planning Guide for Homeless and Housing Service Providers. This guide, prepared for Seattle and King County, provides instructions and considerations for organizations providing shelter and residential housing to persons experiencing homelessness seeking to prepare for an infectious disease event in the community (Public Health- Seattle & King County (WA) Community Resilience + Equity Program (formerly the Vulnerable Populations Action Team (VPAT) n.d.).
http://www.kingcounty.gov/healthservices/health/personal/HCHN/~media/health/publichealth/documents/pandemicflu/panflu_guidelines_homeless.ashx

Templates for CBO Disaster Planning

1. San Francisco CARD Agency Emergency Plan Template: This is the template for CBOs to create their emergency plans, which San Francisco CARD uses in its work with organizations in San Francisco. It offers a simple, easy to follow, set of 15 areas where CBOs can focus their preparedness activities (San Francisco Community Agencies Responding to Disasters (SF CARD) June 2011). (Accessed August 31, 2016).
http://docs.cityofsanrafael.org/MIDC/2014_Docs/Master_SF_CARD_Agency_Emergency_Plan_Template_2011.pdf
2. San Francisco CARD, 2015. Continuity Planning Guidebook for Congregations. This document provides templates to help both CBOs and congregations develop continuity of operations plans, including templates and worksheets. These guides provide CBOs with the necessary instruction to develop plans that enable them to continue providing services in the face of a disruption to operations. It is based on the SF CARD AEP (San Francisco Community Agencies Responding to Disasters (SF CARD) 2015). Please contact San Francisco CARD for PDF document at 415-439-0881 or at http://www.sfcardservices.com/?page_id=128 (fill out the web page form)
3. Emergency Network Los Angeles, 2012. Planting the Seeds for Recovery: Disaster and Pandemic Planning for Nonprofits: Continuity and Recovery Plan Template. This document provides templates and worksheets for CBOs to create a business continuity plan to accompany their disaster preparedness plan. Having a business continuity plan will assist CBOs in resuming service operations in post-disaster recovery (Emergency Network Los Angeles 2012). (Accessed September 6, 2016).
<http://enla.org/resources/disaster-plan-templates/planting-the-seeds-plan-template-final/>

4. Institute for Business & Home Safety, Open for Business: A Disaster Protection and Recovery Planning Toolkit for the Small to Mid-Sized Business, 2007. Provides a toolkit template for small businesses to facilitate their business continuity planning for disasters. This material can also be adapted to assist CBOs with their efforts to develop Continuity of Operations Plans, particularly when focused on Business Continuity Planning. It includes forms that organizations can use to conduct assessments and design their own plans (Institute for Business and Home Safety 2007). (Accessed September 6, 2016)
<https://disastersafety.org/wp-content/uploads/open-for-business-english.pdf>
5. American Red Cross Ready Rating (for small businesses and organizations). Ready Rating, a program of the American Red Cross, provides an on-line, interactive format for small businesses and CBOs to assess their own preparedness and take steps to improve their organizational preparedness (American Red Cross 2016). (Accessed September 6, 2016).
<http://www.readyrating.org/>
6. Federal Emergency Management Agency. Ready.gov for businesses. Ready.gov offers tools for businesses to prepare for disasters, and covers the areas of Program Management, Planning, Implementation, Testing and Exercises, and Program Improvement (Federal Emergency Management Agency (FEMA) Department of Homeland Security (DHS) n.d.). (Accessed September 6, 2016)
<http://www.ready.gov/business>

Resources for Technical Assistance Providers

1. CaliforniaVolunteers, June 2012. Disaster Resilience Standard for Community and Faith-Based Service Providers: Trainer's Manual Tier 1- Life, Safety, and Survival. This document provides a set of Powerpoint slides, accompanied by discussion, for technical assistance providers to work with CBOs to achieve their disaster plans. Based on work by the Fritz Institute and San Francisco CARD with CBOs, it provides detailed discussion of how to guide CBOs through the steps of the SF CARD Agency Emergency Plan in order to achieve the Fritz Institute Standards (CaliforniaVolunteers June 2012). (Accessed September 6, 2016).
[http://californiavolunteers.org/documents/Education/Disaster Mission Statement Trainers Manual.pdf](http://californiavolunteers.org/documents/Education/Disaster%20Mission%20Statement%20Trainers%20Manual.pdf)

CBO Disaster Resilience Standards

1. Public Health of Seattle & King County. Community Resilience + Equity Program (formerly the Vulnerable Populations Action Team (VPAT)). Standards and Indicators for Emergency Preparedness and Response. This document describes the 13 standards for CBOs to work toward to become prepared. The website provides other preparedness resources for CBOs, including materials to design a tabletop exercise (Public Health- Seattle & King County (WA) Community Resilience + Equity Program (formerly the Vulnerable Populations Action Team (VPAT) n.d.). (Accessed September 6, 2016).
<http://www.kingcounty.gov/healthservices/health/preparedness/VPAT/standards.aspx>;
An on-line self-assessment form, using these standards, is available here:
<http://www.kingcounty.gov/healthservices/health/preparedness/VPAT/standards/AgencyEmergencyPlan.aspx>

2. Fritz Institute and CaliforniaVolunteers, June 2009, A Disaster Resilience Standard for Community- and Faith-Based Service Providers. An outline of the nine standards developed in the Fritz Institute's BayPrep program, accompanied by examples of organizational implementation of each standard (Fritz Institute and California Volunteers June 2009). <http://em4cc.org/wp-content/uploads/2017/06/Fritz-Standards.pdf>



Section 3

Guidance for Health Care Providers

The final section of the toolkit was developed for healthcare providers working with families and individuals experiencing homelessness. With that in mind, the guidance is intended to inform not only healthcare providers, but provides some insight into the many CBOs that partner with healthcare providers every day and need to plan with them for disasters.

3.1 Introduction and Overview

The goal of this section is to stimulate planning for the provision of clinical care to individuals experiencing homelessness in advance of a disaster. This section offers practical tools that clinicians can use to facilitate pre-disaster coordination and planning, disaster response, and recovery. The toolkit is organized around four themes:

1. Needs Identification and Assessment
2. Prevention of Hospital System Surge and Coordination of Care
3. Medical Capacity Available for Ready Mobilization in Disasters
4. Information and Education Resources

This section's primary objectives are to:

- Assess the medical and behavioral health needs for individuals experiencing homelessness.
- Raise awareness of pre-disaster planning and coordination needs specific to clinical service providers for individuals experiencing homelessness.
- Enhance the capacity of clinical care settings with providers experienced in serving people who are experiencing homelessness and provide expanded care following a disaster or public health emergency.

To help meet these objectives, the section catalogues promising practices and models across a range of local, non-profit, and federal organizations that could be adopted for use in communities experiencing homelessness.

3.2 Needs Identification and Assessment

Individuals experiencing homelessness have unique vulnerabilities because of their persistent exposure to the weather, transiency, limited access to nutrient rich food, serious and complex medical conditions, mental illness and/or co-occurring substance use disorders, and higher risk for communicable diseases (Ramin and Svoboda, 2009). When a disaster strikes, these vulnerabilities become exacerbated, thereby requiring a reliable network and service delivery system with clinicians familiar with the unique needs of individuals experiencing homelessness and their pre-existing needs. Maintaining pre-disaster health care services for this population as much as possible is critical to long term recovery. The sub-sections below offer an array of resources and tools for use by clinicians before, during, and after disasters to provide care to individuals experiencing homelessness.

Assessing Medical and Behavioral Health Issues and Evaluation

- To support public health practitioners and emergency management officials to rapidly determine the health status and basic needs of an affected community, the Centers for Disease Control and Prevention (CDC) created the **Community Assessment for Public Health Emergency Response (CASPER)**. This surveillance tool utilizes valid statistical methods to gather information about health and basic needs, allowing public health and emergency managers to prioritize their response and distribution of resources accurately. CASPER can also be used for conducting Health Impact Assessments or other community-level surveys during non-emergency situations. For example, one could use a community-level survey to assess the potential impact of disasters and emergencies on individuals experiencing homelessness in a specific community (CDC, 2012).

- Many individuals experiencing homelessness are reluctant to disclose their status either out of shame, fear of stigma, or concerns about being denied an equal level of care. The [Housing Status Assessment Tool](#) offers state health and human service agencies a series of questions that can be used to assess an individual's housing situation without directly asking the individual if they are experiencing homelessness (Albanese, 2009).
- In an effort to prevent and end homelessness among veterans, the National Center on Homelessness Among Veterans (NCHAV) created a [universal risk assessment of homelessness](#) in collaboration with several partners including the US Department of Veterans Affairs. The Homelessness Screening Clinical Reminder identifies veterans and their families' at-risk for homelessness or having recently become homeless, ensures those who are at-risk or experiencing homelessness are referred for appropriate assistance, and updates the current living situations for veterans (NCHAV, n.d.).
- To fill the gap left by standard clinical practice guidelines with regard to addressing the special challenges faced by patients experiencing homelessness, the [Health Care for the Homeless Clinicians' Network](#) developed a series of adapted clinical guidelines on a wide range of medical issues including asthma, chronic pain, HIV/AIDS, and reproductive health care (NHCHC, n.d.). See Box 27 for more information on taking the medical history from individuals experiencing homelessness to make a diagnosis or inform a diagnosis.
- Veterans experiencing homelessness may be at increased risk for negative outcomes because of their **cumulative trauma and consequent access and functional needs** (Brown, 2013). Therefore, understanding if a veteran has previous traumas or a diagnosis of post-traumatic stress disorder (PTSD) may provide helpful information in determining their current risk factors following a disaster (National Center for PTSD, 2014a).
- Attention to issues of **cultural competency** is critical when developing and reviewing disaster plans for providing clinical care to individuals experiencing homelessness during and/or after a disaster. One way to ensure disaster plans reflect the reality and diverse needs of individuals experiencing homelessness is to include individuals who have experienced homelessness in disaster planning, response, and recovery activities (Phillips, 1998; SAMHSA, 2003a). Individuals experiencing homelessness come from various backgrounds; therefore, it is important for clinicians to recognize how the diverse experiences, beliefs, and values of these individuals will impact how they will access medical services during and after disasters (SAMHSA, n.d.a). In addition, bi-lingual services (i.e., the need for medical interpreters and the availability of a language line) and cultural sensitivity to displaced populations can result in a more inclusive recovery response (Phillips, 1998). See Box 28 for more information (SAMHSA, 2003a).
- Additionally, individuals experiencing homelessness have strengths that may include survival skills, creativity, expertise in multiple areas and more. Clinicians should consider **assessing individuals experiencing homelessness for strengths as well as needs**; while also recognizing needs may shift as circumstances change.

Accessing Services

- Individuals experiencing homelessness at the time of a disaster may be eligible for **disaster case management services** available through the Administration for Children and Families (ACF), Immediate Disaster Case Management program (IDCM) program. IDCM services may be implemented following a Presidential emergency declaration of a disaster for Individual Assistance (IA), when requested by an impacted state, and in support of the Federal

Emergency Management Agency (FEMA). IDCM services can help connect individuals with disaster-caused unmet needs with resources and services of multiple agencies. If individuals or families experiencing homelessness are affected by a disaster, and as a result, lose services such as food support, shelter, behavioral health treatment, or other services they received pre-disaster, IDCM can assist with re-connecting them to resources and services post-disaster (ACF, n.d.a).

- Engagement of clinicians with **community health centers** prior to and during disasters could significantly enhance response to individuals affected by disasters. The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) supports the Health Center Program Grantees. Health centers are community-based, primary health care providers caring for individuals that live in underserved socio-economic areas. These health centers have developed expertise in providing services to individuals experiencing homelessness with both acute and chronic medical and mental health conditions (Edgington, 2009). In addition to providing ongoing medical care, health centers represent a constant in the midst of expected chaos during disasters, which is particularly important for individuals experiencing homelessness. HRSA-supported Health Center Program Grantees have specific emergency management expectations as a function of their grant. These expectations are outlined in the Health Center Emergency Management Program Expectations, Policy Information Notice (PIN), 2007-15 (HRSA, 2007).

Mental Health Considerations

- **Mental health programs for individuals experiencing homelessness** during and following a disaster require a longer-term commitment to the provision of services for the following reasons: (1) initially, there is under-utilization of mental health services because people are in survival mode or are reluctant to seek services; (2) due to stigma, there is resistance to requesting mental health services; and (3) it is necessary to build trust and reliability with the population experiencing homelessness before expecting people to share their most personal needs and concerns (Madrid, 2008).
- Wherever possible, **co-locating mental health with medical services** is an effective way to facilitate mental health services utilization. Using mobile units to deliver medical and mental health services together has proven to be effective in bridging access barriers to services in diverse communities (including individuals experiencing homelessness). The mobile units are a valuable way to reach and provide mental health and medical services to individuals who are often disengaged and in harsh and isolated living conditions or who have experienced trauma. Mobile units also have the advantage of bringing services to where individuals experiencing homelessness are located, thereby providing needed services to people who may otherwise have limited access to transportation to reach health care services.
- State and local agencies and provider organizations should **assess disaster behavioral health capacity** and its integration into all planning, preparedness, response, and recovery efforts. ASPR 's Disaster Behavioral Health Capacity Assessment tool aims to facilitate effective collaboration and communication across agencies as information is gathered and strengths and weakness are identified. Reaching out to partners locally and at the state level will strengthen relationships and collaborations so that behavioral health is more fully integrated into all emergency and disaster planning, response, and recovery efforts (ASPR, 2014b).

Resources

- The National Health Care for the Homeless Council (NHCHC) offers a variety of resources for clinicians working with individuals experiencing homelessness on a daily or regular basis. Key resources include adapted clinical guidelines and *General Recommendations for the Care of Homeless Patients* (Bonin, 2010), which is a foundational **guideline for clinicians treating individuals experiencing homelessness** for the first time or for many years.
- To access the full list of resources on emergency preparedness for individuals experiencing homelessness, review the resources page on the [NHCHC website](#). Resources related to emergency preparedness are divided into categories including: Disaster Planning for People Experiencing Homelessness, Health Care Delivery During a Disaster, Building Collaborations, and Policies and Procedures (Edgington, 2009).

3.3 Prevention of Hospital System Surge and Coordination of Care

During a disaster, the demands on critical health care settings are exponentially increased and the capacity of the health care workforce is stretched by the emergent needs of the general public as well as individuals experiencing homelessness who previously had limited care alternatives. In this context, the resulting surge in individuals seeking care may challenge any triaging processes in place, overwhelm the health care delivery system, and delay or defer non-urgent, but needed care from being delivered. In addition, when communicable diseases may be the driver or the by-product of a disaster, minimizing any undue risk of exposure and transmission to non-acute individuals is an important consideration. Appropriate planning is needed to prevent health care settings, shelters, and other congregate sites from becoming incubators for disaster-driven communicable illnesses and disease.

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Diagnosis and Evaluation for Individuals Experiencing Homelessness

- Individual/family history of asthma, chronic otitis media, anemia, diabetes, cardiovascular disease, tuberculosis, sexually transmitted infections including HIV, hospitalizations.
- Current medications, including psychiatric, contraceptive, over-the-counter medications, dietary supplements, any “borrowed” medicine prescribed for others.
- Diet, food resources, preparation skills, liquid intake.
- Coping skills, resourcefulness, abilities, interests.
- Military history
- Substance abuse history
- Psychiatric and trauma history

Strategic planning for these considerations involves three elements: pre-event care management and planning, pre-event triage and resource allocations, and surveillance monitoring.

1. Pre-Event Care Management and Planning

Pre-disaster planning should emphasize **implementing in-reach strategies at emergency departments (ED) and hospitals** to redirect individuals experiencing homelessness and engage them in more appropriate settings for their continuity of care needs. However, redirecting should only occur after the hospital has addressed the immediate medical needs of the individual seeking care.³ Emphasis on routine in-reach strategies can be useful in helping individuals establish relationships with regular primary care providers, such as community health centers. If such relationships are developed prior to an incident, individuals may be less likely to turn to the hospital to meet non-emergency needs during or after a disaster.

The Department of Veterans Affairs (VA) Homeless Patient Aligned Care Team (HPACT) program is an example of an in-reach effort that redirects individuals experiencing homelessness to non-ED health care services before a disaster or emergency. This VA program seeks out veterans experiencing homelessness who rely on ED care and enrolls them in a **specialized homeless “medical home” program** that provides comprehensive primary care, mental health, and social services such as supportive housing. Collectively, the national network of VA HPACTs has reduced ED use and hospitalizations 25 percent by effectively redirecting support for acute and chronic care needs and expediting housing placement (VA, 2013).

Pre-disaster planning also needs to focus on developing **health and hygiene protocols at emergency shelters** to minimize secondary exposure risk and to develop plans for mobile, on-site triage. Increased management capacity, including expedited communication procedures within and across agencies and in these settings, is necessary to quickly enact protocols to care for patients with sub-acute care needs without an ED visit.

2. Surveillance Monitoring

Before a disaster, it is essential to **map community assets, resource needs, and specific demographic data for individuals experiencing homelessness** in order to anticipate and effectively plan for an event. During a disaster, understanding and appreciating the wide scope of need, especially among individuals with access and functional needs and traditionally disenfranchised populations, is equally critical. It is important that communities also understand and are aware that youth and families experiencing homelessness often double up with other families. Surveillance is therefore necessary to monitor volume and type of need at both health care and community settings in order to ensure adequate resources are directed where they are needed. This also allows for secondary needs and consequences of a disaster to be quickly identified and managed.

³ This is critical given that failing to address immediate medical needs is a violation of the 1986 Emergency Medical Treatment and Labor Act which ensures public access to emergency services regardless of ability to pay. (Source: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/index.html>)

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Guiding Principles for Cultural Competence in Disaster Mental Health Programs that Support Individuals Experiencing Homelessness

Principle 1: Recognize the importance of culture and respect diversity.

Principle 2: Maintain a current profile of the cultural composition of the population experiencing homelessness.

Principle 3: Recruit disaster workers who are representative or have extensive training working with individuals experiencing homelessness.

Principle 4: Provide ongoing cultural competence training on how to support individuals experiencing homelessness to disaster mental health staff.

Principle 5: Ensure that services are accessible, appropriate, and equitable.

Principle 6: Recognize the role of help-seeking behaviors, customs and traditions, and natural support networks.

Principle 7: Involve as “cultural brokers” community leaders and organizations representing or serving individuals experiencing homelessness.

Principle 8: Ensure that services and information are culturally and linguistically competent and trauma-informed.

Principle 9: Evaluate and improve the program’s level of cultural competence.

3. Pre-Event Triage and Resource Allocations

Pre-event triage and resource allocation requires **maintaining and monitoring the inventory of community health care resources** to ensure they are adequately stocked, staffed, and prepared to treat individuals experiencing homelessness. Necessary capabilities include dispensing medications; having staff available (either on-site or remotely) that can identify and address sub-acute, but urgent conditions as well as chronic conditions; and providing mental health support to address ongoing emotional needs and stress management during a disaster. Additional considerations should be given to ensuring that methadone maintenance and other vital continuity services (i.e., dialysis) are maintained within the community to avoid surge demand on acute health care settings. Lastly, employ both aggressive triaging protocols within these settings and alert the community of plans to ensure the availability of resources.

3.4 Medical Capacity Available For Ready Mobilization in Disasters

Building medical capacity for disasters can be considered in three phases: pre-disaster planning, response during a disaster, and post-disaster recovery activities. Detailed information about each phase and related resources are provided below.

1. Pre-Disaster Planning

Individuals experiencing homelessness are often not well-connected to human services, less equipped to voice their needs, and therefore, may be less visible to disaster responders. Finding and effectively communicating with these individuals requires specific knowledge of their conditions, locations, and building a level of trust. Therefore, it is important for key stakeholders including individuals experiencing homelessness, disaster response teams, and public health officials to **develop relationships with health care and service providers who treat individuals experiencing homelessness before a crisis occurs.**

For example, Healthcare Coalitions funded under ASPR's Hospital Preparedness Program⁴ coordinate preparedness for, response to, and recovery from the adverse health impacts of a disaster in partnership with local, state, tribal, territorial and federal emergency management agencies (ASPR, 2014e). Inclusion of providers experienced in the delivery of health care to people experiencing homelessness in Healthcare Coalitions will ensure that the needs and resources required to serve this population will be identified by key partners and may help to prevent hospital surge once a disaster occurs.

In addition, given the stresses of daily living for individuals experiencing homelessness, the trauma of an environmental or human-made disaster can lead to crisis (Washington, 1998). Therefore, consider developing a disaster preparedness plan around three themes: (1) establishing and improving communication across various health and human service agencies; (2) coordinating comprehensive primary health care delivery (accessibility and coordination of organizations for effective and efficient health care delivery within the context of priority needs for individuals experiencing homelessness); and (3) developing a sense of community among agencies, clients, and public health departments that facilitates self-care and access to services for individuals experiencing homelessness and ensures trauma-informed service delivery.

2. Response during a Disaster

Coordination and communication between agencies providing disaster relief is critical, as is communication with, and directly to, populations experiencing homelessness (Washington, 1998; Leung, 2008; Rodwell, 2010). Increasing awareness of the disaster or crisis through traditional channels such as shelters, clinics, news media, and current technology such as social media and cell phones is important. As resources permit, mobilizing specific teams to find, locate, and treat individuals and families experiencing homelessness should be undertaken.

⁴ Healthcare Coalitions funded under ASPR's Hospital Preparedness Program, are a formal collaboration among health care organizations and public and private sector partners that work to prepare for and respond to an emergency, mass casualty, or catastrophic health event. Members include, but are not limited to Hospitals, Emergency Medical Services, Skilled Nursing Facilities, Emergency Management Agencies, Local Health Departments, Home Health Agencies, Federally Qualified Health Centers, End Stage Renal Disease Facilities, Community Health Centers, Rural Health Clinics, Ambulatory Surgical Centers, Psychiatric Residential Treatment Facilities, Hospice, and Community Mental Health Centers.

Healthcare Coalitions coordinate the health care response through the Emergency Support Function 8,⁵ and develop and exercise plans for the public health and medical response in collaboration with public health and emergency management (DHS, 2013). Depending on the type of crisis, there may be a need to procure and distribute medical supplies, medications, or preventive measures to service providers treating individuals experiencing homelessness (Leung, 2008). While treatment of patients suffering from communicable diseases is the same regardless of housing status, the post-hospitalization management of individuals experiencing homelessness requires special isolation precautions or treatments that require careful planning. For example, the health care response must undertake pre-planning to address the housing needs of individuals who lack housing following hospitalization and who are recovering from communicable diseases and may still be considered infectious. In these situations, group settings such as shelters would not be an option; therefore, private housing would have to be arranged for continued recovery and health care. Potential housing options can include motels or pre-planned alternate care sites that have rooms where individuals can be isolated.

3. Post-Crisis Recovery Activities

“After action” reports on post-crisis recovery activities and **honest assessments of successes and failures are critical to improving planning** for the next disaster. In recent years, there have been many natural disasters (e.g., hurricanes and floods) and communicable disease outbreaks (e.g., severe acute respiratory syndrome and pandemic influenza) that have a greater impact on individuals with access and functional needs such as individuals experiencing homelessness. It is imperative to document and build upon the lessons learned from these events including those from the agencies that provide relief after such disasters.

In terms of medical capacity building and mobilization in times of disasters, the literature is sparse and many best practices are local and learned from experience. Therefore, the most important lesson would be to establish collaborations and a working relationship with local stakeholders in advance of a disaster. Stakeholders can include representatives from communities experiencing homelessness, health centers and service providers caring for individuals experiencing homelessness, health care and mental health care coalitions, public health agencies, community health care facilities, and emergency management personnel.

Examples of Medical Capacity Available for Mobilization

1. **Continuity of Operations (COOP)** planning: COOP planning focuses on helping organizations identify and plan for continuing essential functions before, during, and after any disaster or emergency. Creating a COOP plan and working through the supporting planning process will assist health care and service organizations in being prepared to provide health care services for individuals experiencing homelessness.⁶

⁵ For more information, review the National Response Framework, which also includes further details on Emergency Support Function 8.

⁶ Additional resources on COOP planning are provided in Section 3.4. Information and Education Resources.

2. **Community Health Centers:** Community health centers are community-based, patient-directed non-profit organizations that provide comprehensive primary and preventative health care to medically underserved communities and individuals with access and functional needs, including individuals experiencing homelessness. They reduce unnecessary visits to hospitals and keep down health care costs with quality care (HRSA, n.d.; NACHC, n.d.). To support emergency management activities, health centers may be able to support the following activities: (1) surveillance of unusual outbreaks and diseases; (2) outpatient surge capacity and triaging systems; (3) education of community and patients; (4) vaccination and mass prophylaxis; (5) strengthen capacity to address post-event public demands, i.e., mental health issues; (6) integrated role in city-wide emergency response efforts; and (7) internal staff education, clarification, and identification of staff roles.
3. **Industry Patient Assistance Programs:** The Partnership for Prescription Assistance (PPA) is a one-stop shop for patients to apply for a number of manufacturer assistance programs (PPA, 2014). While these programs are available at any time, there are expedited procedures for patients applying for assistance following a disaster (PPA, n.d.).
4. **Emergency Prescription Assistance Program (EPAP):** This program allows any enrolled pharmacy in the United States and its territories to use existing electronic pharmacy systems as an infrastructure to efficiently process prescriptions and durable medical equipment (DME) for individuals who are eligible (ASPR, 2014d). Specifically, EPAP provides prescription drugs and limited DME to individuals affected by a disaster of national significance with no other health insurance. EPAP is not automatically available; rather it must be requested by an impacted state, under activation of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and requires FEMA approval before the program is available after a disaster (FEMA, 2015).
5. **Disaster Medical Assistance Team (DMAT):** A DMAT is a group of medical personnel designed to provide medical care during a disaster or emergency. DMATs are designed to be a rapid-response element to supplement local medical care until other Federal or contract resources can be mobilized. DMATs are principally a community resource available to support local, regional, and State requirements, however, as a National resource they can be federalized (ASPR, 2014c).

3.5 Tools and Resources

The following section is divided into specific categories to highlight relevant resources that may be needed during and immediately following a disaster. The resources listed below may help to reconnect to or expand the network of service providers for individuals experiencing homelessness.

Behavioral Health

- **Disaster Behavioral Health Coalition Guidance.** This guidance provides a framework to develop disaster behavioral health coalitions that help facilitate communication across provider groups, coordinate behavioral health care efforts, and help identify existing and emergent needs (ASPR, 2014a).

- **Disaster Distress Hotline.** Call 1-800-985-5990 or text “TalkWithUs” to 66746 (TTY: 1-800-846-8517). This Helpline and text service is available 24 hours a day, seven days a week, year-round and is staffed by trained counselors from a network of crisis call centers located across the U.S. Text service is also available for Spanish-speakers and TTY for people who are Deaf/Hearing Impaired (SAMHSA, n.d.b).
- **Disaster Events and Services for Persons with Co-Occurring Substance Abuse and Mental Health Disorders.** This tip sheet was developed by the SAMHSA, Co-Occurring Center for Excellence to address disaster-related issues for persons with co-occurring disorders. For health care providers specifically, this tip sheet suggests basic guidelines when encountering an individual with a suspected mental or addictive disorder. This includes integrating screening, assessment, and treatment planning from the initial contact with the patient and/or client for more effective treatment (SAMHSA, n.d.c).
- **Disaster Planning Handbook for Behavioral Health Treatment Program.** The Technical Assistance Publication (TAP), *Disaster Planning Handbook for Behavioral Health Treatment Programs*, provides guidance for developing or improving the behavioral health treatment program’s disaster plan. This TAP addresses the planning needs specific to programs that offer prevention services, outpatient or residential treatment, medically managed detoxification, and medication-assisted treatment (SAMHSA, 2013).
- **Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach.** This factsheet provides information on rates of people experiencing homelessness and key considerations when planning for these populations using a trauma-informed approach during and after a disaster. This approach recognizes that sensitivity to trauma can improve communication between responders and individuals experiencing homelessness and facilitate compliance with public health directives (ASPR, 2013a).
- **Psychological First Aid Field Operations Guide.** This is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short- and long-term adaptive functioning. The guide is for first responders, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings (National Center for PTSD, 2014b).
- **SAMHSA Behavioral Health Disaster Response App.** This app launched by SAMHSA offers first responders immediate access to field resources for aiding disaster survivors. The app can help first responders search for and map behavioral health services providers in the impacted area, review emergency preparedness materials, and send resources to colleagues. In addition, the app can be preloaded onto a smartphone to ensure that it is readily available and accessible during a disaster with necessary tools and articles (SAMHSA, 2014).
- **Self-Care After Disasters.** This tip sheet from the Department of Veterans Affairs provides information on steps that can be undertaken for self-care after disasters (National Center for PTSD, 2014c). For more information about coping after any trauma, see **Self-Care and Coping** (National Center for PTSD, 2014d).

Clinics, Hospitals, and Shelters

- **Administration for Children and Families' National Domestic Violence Hotline.** 800-799-SAFE (7233) is a 24-hour hotline where advocates assist victims, and anyone calling on their behalf, by providing crisis intervention, safety planning and referrals to local service providers.
- **At-Risk Populations and Pandemic Influenza Planning Guide.** The goal of this guide is to provide state, territorial, tribal, and local health officials and agencies with usable tools and recommendations for developing their individual plans for individuals with access and functional needs, including people experiencing homelessness, during an influenza pandemic (ASTHO, 2008).
- **CDC's Clinical Outreach and Communication Activity (COCA)** prepares clinicians to respond to emerging health threats and public health emergencies by communicating relevant, timely information related to disease outbreaks, disasters, terrorism events, and other health alerts (CDC, 2014). COCA collaborates with national clinician organizations across the U.S. to communicate information about disease outbreaks, disasters, terrorism events, and other health threats. These COCA Partner Organizations serve a wide variety of health care professionals including: Physicians, Nurses, Physician Assistants, Pharmacists, Veterinarians, First Responders, and Public Health Practitioners. Through COCA partnerships, CDC is able to rapidly distribute information to clinicians during a public health emergency (CDC, n.d.).
- **Mental Health All-Hazards Disaster Planning Guidance.** This is a general guide developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) for substance abuse and mental health clinics that can be adapted to support health care and service providers who treat individuals experiencing homelessness. It contains processes for preparedness, response, mitigation, and recovery in the event of an emergency or disaster and includes form templates and hazard vulnerability analysis (SAMHSA, 2003b).
- **National Clearinghouse on Families & Youth: Ready for Anything - A Disaster Planning Manual for Runaway & Homeless Youth Programs.** This manual of planning worksheets is designed to help construct a successful disaster response plan for runaway youth and youth experiencing homelessness. The manual focuses on the three areas critical to successful disaster planning – prevention and preparedness, response, and recovery (ACF, n.d.b).⁷
- **The National Health Care for the Homeless Council (NHCHC)** is a network of more than 2,000 doctors, nurses, social workers, patients, and advocates who share the mission to eliminate homelessness. The NHCHC collaborates with government agencies and private institutions and provides support to more than 250 Health Care for Homeless grantees in all 50 states. The NHCHC offers a broad range of resources including webinars and self-directed online courses on topics such as implementing harm reduction strategies and health care for the people experiencing homelessness. In addition, regional and tailored trainings and technical assistance opportunities are available.

⁷ http://ncfy.acf.hhs.gov/sites/default/files/ready_for_anything.pdf (Noteworthy: Page 26 & 28 include facility records and records checklists for assessing among other things, the security of client records, insurance and financial information).

Continuity of Operations Planning

- **Crisis Standards of Care.** The Institute of Medicine has published three toolkits on crisis standards of care that contains key concepts, guidance, and practical resources to aid participants within health care systems at federal, state, and local levels develop plans for continuity of care during emergencies (IOM, 2013; IOM, 2012; IOM, 2009).
- **Emergency Preparedness Toolkit for Community Health Centers and Community Practice Sites.** This toolkit provides streamlined information, tools, and templates to encourage continuity of operations planning for Community Health Centers. In addition, the toolkit is intended to be used by medical service providers to assess access and functional needs, create an emergency preparedness plan, train staff, evaluate staff readiness, and connect with local emergency management planners to better understand how resources and expertise can be used during an emergency response (Center for Health Policy and the New York Consortium for Emergency Preparedness Continuing Education, 2007).

Cultural Competency

- **Developing Cultural Competence in Mental Health Programs: Guiding Principles and Recommendations.** This guide provides background information, guiding principles, recommendations, and resources for developing culturally competent disaster mental health services.
- **Guidance for Integrating Culturally Diverse Communities into Preparedness and Response: A Toolkit.** The Department of Health and Human Service's Office of Minority Health's toolkit provides preparedness planning and response agencies, organizations, and professionals with practical strategies, resources and examples of models for improving existing activities and developing new programs to meet the needs of racially and ethnically diverse populations (OMH, 2011).
- **Mapping Your Community: Social Determinants that Influence Emergency Preparedness.** The DelValle Institute for Emergency Preparedness in conjunction with a bureau of the Boston Public Health Commission provides interactive, all-hazards education focused on reducing the public health and safety consequences of emergencies and disasters. This specific course provides an overview of the social determinants of health that influences differences in health status throughout Boston neighborhoods and shape health outcomes after emergencies. Participants also learn how health inequalities amongst communities lead to a disproportionate exposure and impact from emergencies (Delvalle, 2014).
- **The National CLAS Standards.** The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities. Review the National CLAS Standards for further guidance on providing culturally and linguistically appropriate services (OMH, n.d.).

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Appendix 1: Glossary

2-1-1: A free, confidential referral and information helpline and website that connects people to the essential health and human services they need. 2-1-1 can be dialed across North America 24 hours a day, seven days a week. It has been used in disaster situations as well to provide disaster-specific information, such as the location of evacuation shelters and disaster related volunteer opportunities. They may also provide support to departments of emergency management, such as rumor control and information distribution during disasters. (See <http://www.211.org/> for more information.)

Access and Functional Needs Populations (formerly Special Needs Populations): Populations whose members may have additional needs before, during, and after an emergency in functional areas including but not limited to: maintaining independence, communication, transportation, supervision, medical care. Access and functional needs populations may include individuals experiencing homelessness, individuals with disabilities, those in institutionalized settings, the elderly or children, individuals with limited English proficiency, or those who are transportation disadvantaged. These individuals are at higher risk for negative impacts of a disaster and must be incorporated into emergency management plans to address their needs following a disaster. (See <https://www.fema.gov/office-disability-integration-and-coordination> for more information.)

At-risk Populations: Individuals with access and functional needs who may need additional assistance before, during, or after a disaster are considered to be at-risk (see Access and Functional Needs Populations entry for examples). Common definitions indicate at-risk populations may have additional needs in one or more functional areas (i.e. communication, medical care) or may be at a transportation or economic disadvantage. Plans to prepare for, respond to, and recover from a disaster need to address the additional needs of these populations. (See <http://www.health.state.mn.us/oep/responsesystems/atriskdef.html> for more information).

Community Emergency Response Team (CERT): CERT educates individuals in a community about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT members become capable of assisting others in their neighborhood or workplace following a disaster when professional responders are not immediately available to help. (See <https://www.fema.gov/community-emergency-response-teams> for more information.)

Coordinated Assistance Network (CAN): CAN is a multi-organization partnership among some of the nation's leading non-profits and disaster relief organizations. Working in tandem with State and local relief agencies such as Voluntary Organizations Active in Disaster (VOAD), CAN is forging partnership models for disaster recovery and preparedness in the United States. CAN also supports a data platform that communities can use to share disaster client information for case management and accessing disaster assistance. This platform provides homeless service providers and other relevant CBOs with a privacy-protected interface that they can share with other similar organizations with individual clients' permission. (See <http://www.can.org/> for more information.)

Disaster Assistance: Disaster assistance, or disaster relief, in general, is money or services made available to people or communities directly impacted by disasters. A program run by the Federal Emergency Management Agency (FEMA), The Disaster Assistance Improvement Program, is also commonly shortened to Disaster Assistance. This program provides information, support, and services to individuals and families impacted by a federally declared disaster. (See <https://www.disasterassistance.gov/> for more information). Eligibility criteria and the application process can be confusing, especially for businesses and non-profits. FEMA's Disaster Assistance program is for individuals, while businesses can apply for disaster loans through the U.S. Small Business Administration (<https://www.sba.gov/loans-grants/see-what-sba-offers/sba-loan-programs/disaster-loans>). For more details on the process of Disaster Assistance from the federal government view this diagram (http://www.fema.gov/pdf/hazard/wildfire/ca_assist_chart.pdf).

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support the management of an emergency or disaster (on-scene operations) normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement and medical services), by jurisdiction (e.g., federal, state, regional, tribal, city, county) or some combination thereof.

Emergency Support Functions (ESF): Emergency response is provided structure by grouping roles and responsibilities into Emergency Support Functions (ESFs). The most frequently used departments and agencies are placed into ESFs to provide interagency support at a local level and coordinate at the State and Federal level. The following ESFs are most commonly noted when discussing collaboration between emergency management and community organizations.

- **ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services:** Coordinates delivery of mass care, emergency assistance, housing, and human services. This includes but is not limited to sheltering, feeding operations, bulk supply distribution,, provision of aid and services to special needs populations.
- **ESF #8 – Public Health and Medical Services:** Public Health and Medical Services includes physical and behavioral health needs (both mental health and substance abuse) for survivors and response workers. Services also include medical needs of at risk populations and/or those in need of additional medical response assistance, and veterinary and/or animal health issues.

Federal Emergency Management Agency (FEMA): FEMA coordinates the federal government's role in preparing for, preventing, mitigating the effects of, responding to, and recovering from all domestic disasters, whether natural or man-made, including acts of terror.

Incident Command System (ICS): ICS is a standardized, on-scene, all-hazards incident management approach used to organize emergency response. Emergency responders (i.e. fire, police, FEMA, National Guard) at all levels of government, as well as many nongovernmental organizations and the private sector follow ICS during disaster response. Community organizations can also use ICS to coordinate their response to emergencies, to reduce confusion, organize their operations, and more efficiently coordinate with emergency

responders. More information about ICS can be found here: <http://training.fema.gov/emiweb/is/icsresource/index.htm>

Mitigation (see “Phases of Emergency Management”)

National Disaster Recovery Framework (NDRF): The NDRF is a guide that enables those involved in disaster recovery to operate in a unified and collaborative manner. The NDRF defines a coordinating structure, defines roles and responsibilities of coordinators and stakeholders, and provides guidance to help facilitate communication and collaboration among recovery coordinators and stakeholders through the process by which communities can rebuild. (See <http://www.fema.gov/national-disaster-recovery-framework-for-more-information>.)

National Incident Management System (NIMS): System that provides a proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to mitigate, prepare for, prevent, respond to, and recover from the effects of incidents in order to reduce the loss of life or property and harm to the environment. A basic premise of NIMS is that all incidents begin and end locally. The local government takes the lead role in coordinating disaster response, and if needed, requests additional assistance and mutual aid from the state. The federal government supports state and local authorities when their resources are overwhelmed or anticipated to be overwhelmed. (See <http://www.fema.gov/national-incident-management-system> for additional information.)

Phases of Emergency Management (also referred to as Disaster Life-Cycle): Emergency management activities are commonly organized into a four phase continuous process that has also been referred to as “the disaster life-cycle.” This model is designed to help frame issues related to disaster preparedness to long term disaster recovery. The four phases in the disaster cycle are mitigation, preparedness, response, and recovery. (See <http://restoreyoureconomy.org/disaster-overview/phases-of-disaster/> or <http://www.nccde.org/159/Phases-of-Emergency-Management> for additional details and examples.)

- **Mitigation** – During this phase, activities to prevent or reduce the negative impact of a disaster take place. Mitigation is an effort to minimize risk and lessen the human and financial consequences of an event (e.g. purchasing insurance, complying with building codes, installing sprinklers). This phase is often combined with “Preparedness” due to their overlap.
- **Preparedness** – Before a disaster, governments, organizations, and individuals develop plans to protect human life, minimize damage, and ensure they are capable to respond and recover. Preparedness includes obtaining emergency resources or supplies, planning evacuation routes or shelter in place procedures, and practicing what to do in an emergency.
- **Response** –The response phase includes emergency assistance to address immediate and short term-effects of a disaster. Examples of response activities include evacuation / sheltering-in-place; provision of temporary shelter, food, medicine, transportation; debris removal; or repairs to damaged infrastructure.
- **Recovery** – The recovery phase includes activities and programs that are designed to return the individual, organization, or community to its pre-disaster state or to a “new normal.” Recovery is one of the longest phases and will lead back into mitigation and preparedness activities based on what was learned following the disaster. Examples of recovery activities include establishing temporary housing and establishing ongoing trauma counseling programs.

Preparedness (See “Phases of Emergency Management”)

President Declared Emergency: For communities to be eligible for federal Disaster Assistance, the event must be a President declared emergency (or a President Declared Major Disaster). The President of the United States receives a request from the governor of the impacted state requesting additional help from the federal government. The President can then determine that federal assistance is needed to supplement state and local efforts in order to save lives and protect the health and welfare of the people within the community. A declared emergency may include any instance or occasion where assistance is needed, while a declared major disaster includes any natural disaster, hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought, or, regardless of cause, any fire, flood, or explosion. (See <http://www.fema.gov/disaster-declaration-process> for more information on both declarations.)

Public Assistance (PA) Grant Program: FEMA provides supplemental federal disaster grant assistance for debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster-damaged, publically owned facilities and the facilities of certain Private Non-Profit (PNP) organizations. These grants are administered to the state impacted by the disaster, who, in turn distribute funds to eligible grant applicants. Criteria determining eligibility for aid includes cost, work, facility, and applicant. (See <http://www.fema.gov/public-assistance-local-state-tribal-and-non-profit> for more detailed information on the program.)

Recovery (See “Phases of Emergency Management”)

Response (See “Phases of Emergency Management”)

Stafford (Robert T.) Disaster Relief and Emergency Assistance Act: A federal law (Public Law 93-288) designed to bring an orderly and systematic means of Federal Disaster Assistance to State, tribal, and local governments in carrying out their responsibilities to aid citizens following a disaster. Upon the President declaring a disaster, the Act gives FEMA the responsibility of coordinating government-wide relief efforts in conjunction with state and local emergency management officials. This act authorizes the process of evaluating the impacted area and distributed necessary federal disaster assistance. (See <https://www.fema.gov/robert-t-stafford-disaster-relief-and-emergency-assistance-act-public-law-93-288-amended> for more information.)

Voluntary Organizations Active in Disaster (VOAD): Voluntary Organizations Active in Disasters (VOAD) is a national model of multi-agency collaboration that brings together the nonprofit, private, and public sectors. National VOAD helps coordinate disaster response and facilitates organizations’ sharing knowledge and resources in disaster preparedness, response and recovery. VOAD organizations often serve as the primary point of contact for non-profit organizations at their respective state or local government emergency operations centers. There are VOAD chapters in all 50 states in the USA and many territories, regions, and cities have one as well. (See <http://www.nvoad.org/> for more information.)

Appendix 2: Necessary Community Partners

Partners that form a community's safety net for persons experiencing homelessness every day will be essential to the community's ability to respond effectively to their needs post-disaster. Creating an inclusive system requires the engagement of multiple partners, including local emergency managers, homeless service providers, disaster coalitions, other government agencies with a focus on homeless populations (public health departments, local human services agencies), and non-governmental organizations that provide disaster relief (e.g., American Red Cross, Salvation Army). While all of these partners have constrained resources and capabilities, they have a variety of skills and strengths that can expand the community's ability to address the needs of people experiencing homelessness during disasters.

Local Government Emergency Managers

Role: The local government emergency management department is the lead governmental entity in coordinating disaster preparedness, response and recovery resources for the community. They are responsible for developing a community's Emergency Plan in advance of a disaster, including an approach to address the needs of care, shelter, and human services of all members of the community. Emergency managers (EMs) are in charge of determining how the community's disaster response and recovery will be structured, when the community will seek mutual aid from the state government and partners, and how the government will work with long-term recovery committees. Emergency managers determine the resources needed to implement response plans, and engage with partners within the community to coordinate their roles.

Some jurisdictions have many EMs with unique roles. For instance, they may have a person whose primary job is to outreach and collaborate with nongovernmental organizations and private industry on preparedness, response and recovery activities. Other jurisdictions of comparable size may only have a few EMs responsible for all planning and response activities. Smaller communities may not have an emergency management department, and the duties of an EM may fall to someone with a different title or multiple job responsibilities (e.g., fire, sheriff).

Strengths: Emergency Managers have training and experience planning for community-wide emergencies. They have strong connections with response agencies and frequently participate in multi-agency preparedness activities and response drills to enhance their emergency plans and capabilities. When an event exceeds the capacity of the local jurisdiction's resources, local EMs tap into their established relationships to formally request mutual aid assistance from neighboring jurisdictions, and the state and/or federal government agencies (Federal Emergency Management Agency, Department of Housing and Urban Development, Department of Health and Human Services, Department of Veterans Affairs, etc.). In addition, since they are required to think about the whole community, EMs are aware of the importance of improving emergency plans by including organizations throughout the community.

Limitations: Communities are filled with numerous constituent groups with diverse needs and priorities, all of which EMs are expected to know and understand. However, it is not possible to be an expert on every population group within a community. EMs may not fully understand the needs of people experiencing homelessness and may also lack direct channels to communicating with organizations that serve persons experiencing homelessness directly. It may seem daunting for emergency management departments with constrained resources to implement outreach to all these populations. One emergency manager in a large urban community said that his/her emergency department had not included people experiencing homelessness in their plans because “there are so many special populations that we need to plan for”, that the task felt overwhelming and it seemed inevitable that they would miss some groups.

Homeless Service Providers and Other Relevant Community Based Organizations (CBOs)

Role: Social service agencies based in the local community are vital to addressing the daily social service needs of people experiencing homelessness. Quite often, these agencies are nonprofits and/or faith-based providers that provide a variety of services (sheltering, feeding, education, translation, medical care, mental health treatment, case management, etc.) on a daily basis to people experiencing homelessness. Homeless service providers are critical assets to addressing the disaster needs of homeless populations. They provide disaster relief services that continue in the community through the long-term recovery phase. Homeless service providers also act as a communication conduit. They can connect clients to services, share disaster related information with persons experiencing homelessness, and inform response agencies of the changing needs of the population.

Strengths: Homeless service providers many of which have decades of experience in a community, have staff and volunteers that possess vital skill-sets for response and recovery. Every day, these organizations deal with emergencies: life or death situations, untreated mental illness, withdrawal from alcohol and drugs, and interactions between law enforcement and persons experiencing homelessness. Often, they can better address the human service needs of individuals experiencing homelessness because they are trusted entities in the community and have expertise in addressing the unique needs of these populations (Phillips 1998; California Governor’s Office of Emergency Services (Cal OES) 2000; Pipa 2006; Eisner 2010; Acosta, Chandra et al. 2011).

Figure 1 outlines some of the strengths that homeless service providers can bring in meeting the post-disaster needs of at-risk and persons experiencing homelessness.

Limitations: While homeless service providers are important assets to Emergency Management, they are often disconnected from the established emergency management system (Eisner 2010; Jenkins, Lambeth et al. 2015; Gin, Kranke et al. 2016). Many of these organizations experience frequent staff turnover, limited funding, and other competing demands. As one homeless service provider put it, “Every day is a disaster.” (Vickery 2015b). As a result, they often have difficulty prioritizing organizational or community preparedness activities. Many have not created plans for continuity of services after disaster, and are at risk of failure in the aftermath of an emergency.

FIGURE 1 – What Homeless Service Providers Bring to Emergency Management

Non-Governmental Disaster Relief Providers



(Source: Adapted from Cal OES, 2000)

Disaster Coalitions

Role: The term disaster coalition in this toolkit refers generically to a diverse group of organizations, both governmental and non-governmental, that are involved in disaster preparedness, response and recovery work. Disaster coalitions typically focus on information sharing, coordinating, and planning for disaster related activities. The most common example of this type of coalition is a Voluntary Organizations Active in Disaster (VOAD), a national model of disaster-specific collaboration across sectors. All 50 states have a state-level VOAD and many territories, regions, counties, and cities have a local VOAD as well. However, many effective disaster coalitions exist outside the traditional VOAD structure. Some examples of other successful disaster coalition models include:

- Pinellas County’s Homeless Leadership Board and Recovery Pinellas are both networks of human service agencies that connect homeless service providers to emergency management.
- 2-1-1 in San Diego, CA has taken a lead role in helping CBOs, including homeless service providers, prepare for disasters and connecting them with emergency managers and disaster relief partners.
- The Homeless Stakeholder Group, in partnership with Healthcare for the Homeless Network, was developed by the Public Health Department of Seattle and King County’s Community Resilience and Equity Program. They bring homeless advocates together to engage in preparedness planning, advise emergency managers on the needs of homeless populations during preparedness planning, and advocate for homeless populations during disaster response, and recovery.

Strengths: Participating in disaster coalitions enhances homeless service providers’ and other CBOs’ understanding of the emergency management system, how to connect to emergency managers, and their organization’s role in disasters. Coalitions connect the efforts of individual organizations that might otherwise be isolated and disconnected from community disaster planning efforts. Disaster coalitions also serve as a single point of contact for EMs to connect to multiple homeless service providers and CBOs and provide a conduit to incorporate member organizations’ capabilities, services, and skill-sets into disaster preparedness, response, and recovery processes in their communities. Collectively, participating partners can develop plans for communicating with, and serving, people experiencing homelessness, and other at-risk populations during emergencies.

Limitations: Most disaster coalitions are fragile, operating with either an all-volunteer staff or only one or two part-time employees. Their funding usually consists of “soft money”, i.e. funding from grants, contracts, and donations with limited long-term sustainability. Many disaster coalitions rely on the volunteer efforts of individual representatives from member organizations—who have numerous competing commitments—to organize, lead, and coordinate the network’s activities. Consequently, these coalitions are often in peril of shutting down. In 2015, the networks in two large urban areas, Los Angeles (Emergency Network Los Angeles) and Alameda County, CA (Collaborating Agencies Responding to Disasters), lost their funding and were forced to lay off paid staff, severely limiting their capacity and resulting in a loss of cross-sector partnerships and institutional memory. Such examples underscore the tenuous nature of disaster coalitions and the need for strong partnerships and planning.

Government Agencies Working with Persons Experiencing Homelessness

Role: A multitude of local government agencies are also invested in addressing the disaster response and recovery needs for persons experiencing homelessness. These include the departments of public health, human services, and public safety, as well as, local Continuum of Care agencies (e.g., housing authorities). Continuum of Care agencies receive HUD funding to finance homeless service providers and other relevant CBOs providing case management, transitional housing, rapid rehousing, and other services. These government agencies work closely with homeless service providers, coordinating and often managing the federal funds that support homeless services. With their often excellent non-disaster relationships within the community, they connect homeless service providers and emergency managers before, during, and after a disaster.

They can effectively partner with EMs' efforts to develop outreach campaigns, identify needs, vulnerabilities, and concerns specific to homeless populations, and help connect them with key homeless service providers. In a disaster, these agencies have disaster operations structures and formal linkages with the Emergency Operations Center (EOC), enabling them to help homeless service providers to connect with the EOC to coordinate response and recovery resources and operations.

Strengths: Government agencies involved in outreach, health care, and social services to persons experiencing homelessness, working closely with CBOs every day. They have existing contracts and trusted relationships with multiple organizations throughout the community. These agencies have expertise in funding, knowledge of the needs of people experiencing homelessness, and experience collaborating with homeless service providers. They may also have established information referral communication systems to help connect persons experiencing homelessness with services.

Limitations: Staff in governmental agencies are not connected with disaster systems within their own departments or with their local emergency manager on a daily basis. It is an additional task to learn about the disaster system and to connect homeless service providers to EMs. It may feel overwhelming to add disaster planning and response to their duties due to competing priorities and limited resources.

Non-Governmental Disaster Relief Providers

Role: During major disasters, humanitarian relief will arrive from non-governmental organizations (NGOs) that specialize in disaster response. This includes the American Red Cross, Salvation Army, and faith-based national and international organizations. Of these, the American Red Cross is uniquely contracted by the federal government to perform disaster response duties in the area of mass care and shelter (Jenkins, Lambeth et al. 2015). Other NGOs will send teams of volunteers and staff to supplement the government's response and recovery efforts without any official request or contract. The number of disaster relief NGOs within the U.S. is enormous and constantly changing. Below are only a few examples to demonstrate the different areas of response/recovery in which NGOs may be involved.

- Adventist Community Services: clothing and bedding distribution, child care programs
- Habitat for Humanity: erecting emergency shelters, improving transitional shelters
- Islamic Relief USA: provides volunteers, case management, debris removal
- Lutheran Disaster Response: crisis counseling, mental health assistance, pastoral care
- Salvation Army: mass and mobile feeding, temporary sheltering, donation distribution
- Tzu Chi: financial aid, medical care, spiritual support and guidance

Strengths: Most relief NGOs, as an agency, have a plethora of experience in disaster situations. They have responded to different incidents in various locations. This knowledge of what to expect following a disaster and the common issues that arise, enable them to be better prepared to deal with disaster response activities. These agencies are coming into communities from outside the area and bringing with them volunteers who are less likely to be directly impacted by the disaster. They will therefore be able to focus on the needs of the community without having to worry about their own families or homes. In addition, NGOs have a broader range of resources since they can access larger donor pools and are recognizable names in disaster relief.

Limitations: In many instances, NGOs have limited pre-disaster presence in the community. They often do not have a local office, and they may not be connected with the local network of homeless service providers, the government response agencies, or local disaster networks. This lack of pre-disaster relationships make it difficult for all parties to ensure efficient resource allocation. It also impacts the continuity of services from the response to recovery phase. Since disaster relief is intended to quickly meet immediate humanitarian needs, these NGOs usually depart as soon as those needs are met. Therefore, they cannot and do not seek to address long-term recovery issues, such as the needs of persons experiencing homelessness with few post-disaster resources and options. Without being part of the response structure, NGOs may also unwittingly duplicate efforts or have unintended negative consequences on the local community.

Most relief NGOs consist primarily of volunteers working in unfamiliar terrain that may lack adequate training in, or understanding of, how to address the needs of persons experiencing homelessness (Vickery 2015a). A lack of cultural sensitivity may hinder people's access to or satisfaction with needed services. Also, since volunteers are coming from outside areas, they will need shelter, food, and transportation, as well as, space to deliver services.

Funders (Governmental and Private Sector Philanthropy)

Role: Homeless service providers often rely heavily on two sources of funding: 1) grant and contract funding from federal, state, and local government agencies such as HUD, VA, and local human services and public health departments; and 2) private donations, including private philanthropies and foundations. Due to the importance of funding for homeless service providers and CBOs, a primary role of funders is to ensure that funding to grantees continues uninterrupted following a disaster. This means funders should prioritize planning for their own continuity of operations to enable them to more readily support their grantees. Some funding agencies may also provide tools for disaster planning and response (financial support, technical assistance, training sessions, networking opportunities, etc.) to their grantees. While

others establish emergency funding or just-in-time grants to ensure homeless service providers and other grantees can maintain services after a disaster.

Strengths: Funders can have a tremendous impact on homeless service providers' commitment to preparing to meet disaster demands on their service operations (Vickery 2015a; Gin, Kranke et al. 2016). Funders' expectations and requirements send powerful messages to grantees regarding what activities to prioritize and how to spend funds. Requiring grantees to have disaster plans in place instills the importance of service continuity. Funders have knowledge of which grantees are well situated to provide response and recovery services and are able to vouch for the credibility of those agencies when they apply for disaster related funding. Internally, funders have the flexibility to rapidly change the restrictions of existing grants and to issue new grants specific to disaster work.

Limitations: Most public and private foundations do not include funding for organizational disaster preparedness in their grants. It is easy for homeless service provider preparedness and response planning to fall through the cracks, even if providers and funders both express its importance. Often, funders are not involved in any disaster planning or disaster coalition activities. Funders also may not have relationships with EMs and may be unfamiliar with continuity planning or the disaster needs of their grantees. When it comes to response and recovery efforts, contracts for service provision may also be restrictive. Some grants include requirements that only specified activities can be performed, or have limited flexibility in who can access services. These factors it challenging for homeless service providers to respond to the changing disaster needs of their clients.

Appendix 3: Cal Prepare: “Engaging Community-Based Organizations Serving Vulnerable Populations: A Focus on the Homeless”



Engaging Community-Based Organizations Serving Vulnerable Populations: A Focus on the Homeless

Why Engage CBOs Serving the Homeless?

In the event of a disaster, large response agencies may not be able to immediately reach all people in need with supplies and services; however, Community-Based Organizations (CBOs) may be better positioned to pass along important information and serve as critical connections to homeless populations. CBOs serving the homeless face particular challenges as their clients often face a multitude of vulnerabilities often making their interorganizational relationships more extensive and thus important networks for continued operations. During crises, these networks may be key links for response agencies to tap into.

This reference guide provides a method to reach and engage CBOs serving the homeless. It was derived through a CDC-funded pilot research project that conducted a survey of 37 homeless service providers in Alameda County, California, to determine the influence of interorganizational relationships on disaster preparedness and response capacity. The main goal of the project was to improve disaster preparedness and response capacities of CBOs serving the homeless by translating research into actionable steps through the support and engagement of various stakeholders in the county. Key elements that provided a successful support structure for this endeavor are outlined in this reference guide. The target audience for this guide includes emergency planners and managers, and public health practitioners working to include CBOs in their programs.

Process Overview



1. **Identify & Recruit County & City Representatives**
2. **Convene an Advisory Committee**
3. **Determine Essential Advisory Committee Roles**
4. **Connect with CBOs**
5. **Conduct a Community Forum**
6. **Link CBOs to Resources**
7. **Connect Responders to CBOs**

1. Identify and Recruit County & City Representatives: A Checklist

Think about which county and city representatives should be included in the process of engaging and working with CBOs. Think about the services provided and how these would be impacted in a disaster. Will they be a part of the disaster response; if so, in what capacity? What are their limitations? What do they want CBOs to know about them during normal operations and during a county-wide crisis? If you are already familiar with various individuals responsible for and working in the area of county and city preparedness and response, reconnect with them and discuss your objectives. The list below is not exhaustive as other organizations may play major roles in a disaster response. Each county will have a unique makeup of resources and responders. Examples of resources include preparedness and response trainers and materials, preparedness and response/continuity of operations plan templates, funding sources, communications/social networking experts, well prepared CBOs as leaders/role models, disaster supply lists and sources, preparedness and response groups and committees.

Primary Response Agencies/Organizations

- Fire Department
- Law Enforcement
- Office of Emergency Services
- Social Services
- Community Clinics
- County Emergency Medical Services
- Hospitals
- Behavioral Healthcare Services
- Mental Health Services
- Public Health Services
- County Information & Referral Agency
- Disaster Response/Relief Agencies/Organizations (United Way, American Red Cross, Salvation Army)
- Community Emergency Response Teams (CERTs)
- Local Medical Reserve Corps (MRCs)

Other Potential Response Organizations

- Homeless Service Organizations
- Homeless Shelters
- Food Bank
- Faith-Based Organizations (FBOs)
- Homeless Advocacy Organizations
- Local Health Consortium
- Utility Companies
- Coast Guard
- Highway Patrol
- Civil Air Patrol
- Port Authorities
- School Districts
- Park Districts
- Other _____



2. Convening an Advisory Committee

To determine who should be included in your advisory committee, think about the populations you are trying to reach. Is there a local or regional homeless advocacy organization? What stakeholders would be important in bridging gaps and bringing groups together? What expertise will provide a broad range of perspectives? Several key committee members are listed below, but the committee composition will vary depending on your objectives. Keep the committee manageable but also large enough to receive relevant input and assistance with the decision-making process.

- Project facilitator
- Vulnerable population/public health-community liaison
- Homeless population advocates
- Representatives from CBOs serving the population
- Public health representatives (e.g. community outreach, preparedness or emergency manager)
- Policy representative
- Target issue funder (e.g. foundation, governmental, and nongovernmental organizations)
- County information and referral services

Project Facilitator

The project facilitator has a key role in the overall process. This individual typically has some familiarity with the organizations involved or will have enough time to understand the roles each organization plays and their contribution to the overall goal. In addition, the facilitator should be available to visit organizations in person to engage and build relationships.

Timeline

Below is a sample timeline for a facilitator who already has established county contacts with response agencies. A minimum of 2 years may be needed to build relationships with CBOs, conduct a baseline survey, connect with response partners, convene and facilitate an advisory committee and plan a community forum.

Activity	Timeline to Complete Activity	Timeline Prior to Community Forum
Convene an Advisory Committee	2 - 3 months	18 months
Involve CBOs	6 - 9 months	24 - 12 months
Conduct a Baseline Survey	2 - 3 months	18 - 9 months
Plan a Community Forum	9 - 12 months	12 - 2 months
Link CBOs to Resources	Continuous	At forum & throughout process
Connect Responders to CBOs	Continuous	At forum & throughout process

*These times will vary depending on the number of individuals working on the project and the amount of time (e.g. part time or full time).

Engaging CBOs Serving Vulnerable Populations: A Focus on the Homeless



Convene an Advisory Committee

Convening an advisory committee takes time, particularly deciding which organizations are relevant and important to move your work forward.

Involve CBOs

Project partners and/or advisory committee members who have existing contacts with homeless organizations may save time and help considerably in connecting with CBOs.

Conduct a Baseline Survey

Online surveys take the least amount of time (e.g., Survey Monkey, Google Forms); however, phone or in-person surveys may be more effective in gathering the data needed.

Plan a Community Forum

The community forum may take up to a year to organize. In a large county, two community forums may be needed in order to reach as many CBOs as possible.

Link CBOs to Resources

Once you have identified city/county resources and other online and outside resources, review them with your advisory committee. It may take time to prepare materials that are Ready-to-Use/implement.

Connect Responders to CBOs

Compile a list of preparedness and response contacts that can be shared as a handout at the forum. Connect these responders to CBOs at the community forum and throughout the process.

3. Determine Essential Advisory Committee Roles

The advisory committee's specific purpose is to 1) review survey results, 2) direct the community forum agenda, and 3) review appropriate and available resources and educational opportunities for the forum. Below are additional key functions:

- Act as liaison between public health practice and the community by providing a specific perspective (homeless community concerns, needs, culture).
- Advise on community forum agenda, speakers, topics.
- Promote a culture of disaster preparedness and response.
- Provide support and guidance, resources, leadership buy-in, project endorsement¹.
- Assist in translating survey results into actionable steps and provide realistic applications of survey findings.
- Identify, assess, and incorporate resources/strategies
- Facilitate the process of knowledge exchange, increasing the uptake of information.
- Maintain the momentum of project goals, follow-up and maintenance of change, obtaining, reviewing and applying participant feedback.

¹ This is particularly critical and should be established early in the process to enhance participant recruitment and CBO participation in the forum.

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4. Connect with Community-Based Organizations

The project facilitator acts as the main contact for all entities involved, maintains relationships with community representatives, governmental and nongovernmental representatives, builds bridges and connects individuals, organizations and agencies. The project facilitator takes the time to understand participant roles and expertise in the community and the resources each has to offer.

This will be important in building a culture of preparedness and response, facilitating conversations around leveraging resources, and identifying unique capabilities of various partners. Start with a baseline survey of CBOs to determine areas of focus for the community forum.



Survey Questions to Achieve a Baseline of Knowledge of CBOs Serving the Homeless

- What would the organization do in the event of a disaster (e.g. services provided, continuity of operations plans)
- Does the organization assist its clients in preparing for disasters or provide information about disaster preparedness and response?
- What disaster response and/or relief organizations does the organization have relationships with?
- What are characteristics of the clients?
- Does the organization maintain a list of its clients?
- What communication mechanisms does the organization utilize?
- Would the organization be able to reach its clients within 24-48 hours with important information?
- What types of services does the organization provide? (helps to identify similar service organizations to discuss similar issues)

The answers to these questions will help you identify areas that require attention. Determine what resources are in your county/community to address some of the gaps in preparedness and response capacity. Then look outside of your county for additional resources or online.

You may not be able to confront all of the potential gaps and needs in one community forum, but it provides a starting point and a foundation to build upon with your project partners and advisory committee members.

Engaging CBOs Serving Vulnerable Populations: A Focus on the Homeless

5. Conduct a Community Forum

The community forum is an ideal venue for connecting responders, CBOs and other organizations that should take part in disaster preparedness and response activities and conversations. It provides an outlet to distribute survey results to a larger community of homeless service providers. The theme and title should reflect the promotion of a culture of preparedness and response through interorganizational relationships and communication.

The community forum may also provide an opportunity for CBO representatives to learn from each other, enhance interorganizational relationships, and improve effective communication mechanisms. The community forum should include county, city, and community representatives.

Through the assistance of the advisory committee and project partners, the forum should promote awareness of disaster preparedness and response issues, provide educational opportunities, and recommend actionable preparedness and response strategies to forum participants.

Use a public facility that can easily accommodate the number of people you anticipate and is closest to the most difficult to reach organizations.

Sample Goals and Objectives

- Bring about awareness of the current state of disaster preparedness and response capacity among participating CBOs from survey results.
- Identify actionable messages from the knowledge brought about from the survey.
- Provide action oriented activities and resources.
- Involve credible messengers in presenting knowledge to CBOs in Ready-to-Use formats.
- Include trusted community messenger(s) and a vulnerable populations-public health liaison.
- Provide capacity-building to CBOs to help build their skills to acquiring, adapting and applying emergency preparedness and response resources and strategies.

Potential Workshop Topic Ideas

- Networking activities to connect CBOs
- Facilitate connections between public health and CBOs
- Promotion of a continuity of operations plan
- Promotion of a culture of preparedness and response
- Knowledge of available post disaster funding assistance
- Awareness of disaster preparedness and response activities and issues

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6. Link CBOs to Resources

In addition to the list of organizations in Section 1, below are examples of other resources that help CBOs increase their preparedness and response levels. These organizations provide specific tools on their websites that can be downloaded, easily adapted, and immediately implemented within an organization. Check your region for other disaster emergency preparedness and response organizations that serve the local populations with a focus on local hazards.

- **Citizen Corps** Website: www.citizen corps.gov
- **PrepareNow**: www.preparenow.org
- **CARD**, Collaborating Agencies Responding to Disasters: www.firstvictims.org

7. Connect Responders to CBOs

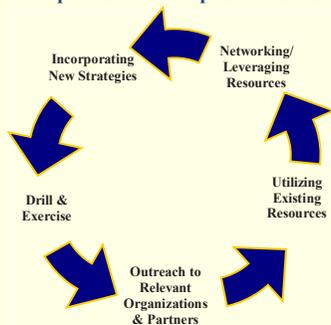
Traditional first responders may not have the resources to reach out to every vulnerable group or community in a county or city. A community forum will help make connections among homeless service providers and allow responders to provide an overview of services and preparedness and response activities in each community. Distribute a contact list of community liaisons who can be easily contacted and who will share important information about disaster preparedness and response.

Key Factors & Next Steps

Key Factors to Increase & Maintain Current Disaster Preparedness and Response Activities

CBOs that have developed trusted relationships with response organizations are more likely to use messages and follow information provided in times of crises. The process of engaging CBOs and agencies with resources is a continuous and cyclical process. An evaluation of organizational capacity will need to continue periodically.

Growth & Maintenance Cycle for Disaster Preparedness & Response Activities



Key Factors Include:

- Include and incorporate new organizations and partners into the response system.
- Evaluate and incorporate new and existing resources and relevant trainings.
- Incorporate newly developed strategies.

- Network with partners (CBOs and responders) and leverage unique capabilities and resources to increase disaster preparedness and response capacities.
- Assess response capabilities through countywide or citywide exercises and drills.

Evaluation - Feedback - Feedback Loop

- Evaluate community forum objectives.
- Use the feedback to follow up with CBOs and partners to plan next steps.
- Get CBOs to assist in next steps for sustainability.
- Assist interested CBOs in forming local preparedness and response committees or task forces that can be incorporated into the broader response system.
- Periodically follow up with workgroups to move preparedness forward.

Suggested Next Steps

- Incorporate participant feedback from the community forum to increase participation in countywide preparedness and response activities.
- Conduct regional training with CBOs.
- Incorporate CBOs into broader response plans.
- Maintain momentum through the support of your advisory committee and project partners.
- Link into CBO networks.
- Utilize your new network of response partners through communication exercises and events.
- Continue to engage other special needs groups.

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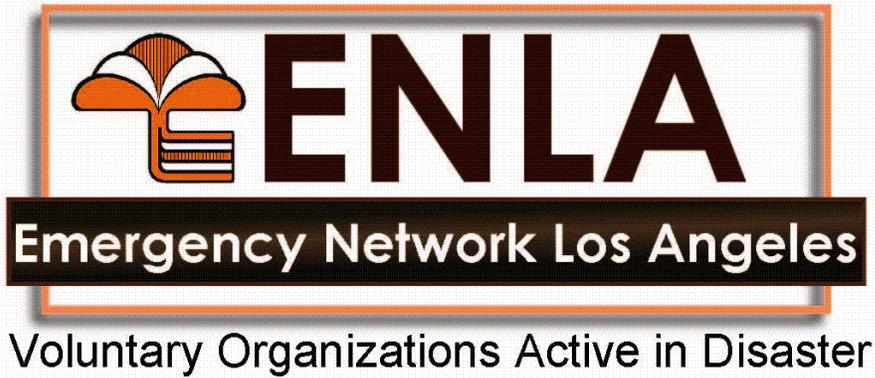
Cal PREPARE is a CDC Preparedness & Emergency Response Research Center (PERRC) based at the UC Berkeley Center for Infectious Diseases & Emergency Readiness (CIDER). CIDER builds upon its tradition of partnering with local and state health departments and continuing its emphasis on serving vulnerable populations. Cal PREPARE's CDC research priority theme is "to create and maintain sustainable preparedness and response systems".

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Engaging CBOs Serving Vulnerable Populations: A Focus on the Homeless

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Appendix 4: Emergency Network Los Angeles: “Mass Care Homelessness Planning Guide”



Mass Care Homelessness Planning Guide

Updated November 2014

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Introduction

A. Purpose

The purpose of the Emergency Network Los Angeles Mass Care Homelessness Planning Guide (MCHP Guide) is to provide a framework for jurisdictions and networks that need to establish strategies and procedures for providing mass care services to the homeless populations affected by an emergency, disaster, or precautionary evacuation. Pre-disaster homeless populations, and disaster caused homeless populations will be addressed in this document.

As defined by the National Response Framework (NRF), **mass care** includes sheltering, feeding operations, emergency first aid, bulk distribution of emergency items, and collecting and providing information on victims to family members.¹

As defined by the Federal Definition of Homeless in the United States Department of Housing and Urban Development, a **homeless individual** is someone who lacks a fixed, regular, and adequate nighttime residence or has a primary nighttime residence that is

A supervised publicly or privately operated shelter designed to provide temporary living accommodations;

An institution that provides a temporary residence for individuals intended to be institutionalized; or

A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

For the purposes of this document, a **pre-disaster homeless individual** is someone who was a homeless individual prior to the circumstances of the disaster, and will continue to be homeless once temporary emergency sheltering is no longer available.

For the purposes of this document, a **disaster caused homeless individual** is someone who had a permanent residence prior to the disaster, that residence was destroyed or rendered uninhabitable due to the disaster, and will likely become homeless if not provided a transitional housing solution once emergency shelters are no longer available.

For the purposes of this document, an **emergency shelter** is a shelter run or operated by an organization providing disaster relief, such as the local government, a faith-based organization, or the American Red Cross. An

¹ Mass care is defined in the National Response Framework ESF #6 Annex, accessed online on March 31, 2010, at <http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>.

emergency shelter is one that is opened at a temporarily location for all individuals affected by the disaster and is for the general population.

B. Scope

The MCHP Guide applies to mass care preparedness, response, and recovery operations during local and State emergencies, state-of-war emergencies, and presidentially-declared emergencies or major disasters.

A plan written using this Guide can be utilized to direct the interaction of all public, private, and nongovernmental organizations (NGOs) with operational responsibilities and resources that support mass care operations, homeless populations, or both. That plan will be applied in emergencies that require the care and shelter of affected and displaced individuals when a subsection of that population is identified to be homeless.

All responses and activities should be coordinated through the emergency operations center or its local equivalent, with the operational area's primary mass care coordinator. (In Los Angeles County this would be the Emergency Operations Center (CEOC) with the Care and Shelter Branch, for example).

C. Methods

The Guide is written as a template, with sections to fill in for your own area. When we wrote our own plan, the jurisdiction we planned for was the Los Angeles Operational Area (which includes LA County, all cities and unincorporated areas located within the county, and some contiguous areas in other counties). Decide for yourself what “jurisdiction” will mean in your own plan, and include the organizations, agencies and procedures relevant to that jurisdiction.

Don’t hesitate to remove or rearrange this material to suit your needs. Networks providing services can use sections of this plan to coordinate amongst themselves as well, and may find help creating and documenting important government relationships they will need to support the area after a disaster.

Jurisdictions and networks using the Guide will need to develop lists of resource agencies and partners, identify lead organizations, and document communication protocols. For this purpose, the Guide has generalized these details with brackets and the generic name of the item required, i.e. [jurisdiction]. Notes for use or customization are in (*italics*).

We have found it very helpful, in the Los Angeles Operational Area, to support the preparedness of the homeless shelters and nonprofits in our Operational Area. The shelters in our downtown Skid Row area formed a Preparedness Collective, received grant funds for radios and planning assistance, and created a plan to work together before, during, and after a disaster. See the LA Skid Row Disaster Planning Collaborative’s Disaster Plan in the Appendix under Resources. There you will also find resources for individual nonprofits and homeless service providers to use for disaster planning. Supporting the preparedness of all service providers along the Mass Care service pipeline will increase your area’s ability to respond and recover more quickly.

We recommend that you create a customized plan using this Guide, using the sections applicable to your area, discarding sections which do not apply, and seeking out supplemental guidance where appropriate.

Most jurisdictions and/or networks will need to identify the following for their area:

1. The primary sheltering department or agency for emergency shelters
2. A lead pre-disaster homelessness agency (PDHA)
3. A lead disaster caused homelessness agency (DCHA)
4. The main government agency/department which coordinates emergency responses for the operational area (*i.e. the Office of Emergency Management*). This may be different than the law or fire departments in your area. Work with your government partners to ensure correct information.
5. The response coordination center (for example an Emergency Operations Center or EOC). This center may be moved during or after a disaster due to weather or damage; in this plan, we have indicated the name of the center rather than the name of the location so there is no confusion (*if your EOC is in your police headquarters, for example, you would list it as the EOC in your plan. If it moves, the plan is still accurate*). This will not work for everyone, so customize as needed.
6. The main government agency/department which provides social services in the area, and has a seat at the emergency operations center or other response coordination center during an emergency or disaster.
7. Public health partner(s)
8. Health services partner(s)
9. Mental health partner(s)
10. Nonprofit, faith-based and community-based partners that support homelessness in specific and emergency or disaster response in general.
11. The geographic boundaries being included in the plan, and any division of that area into named/numbered areas or regions; you may want to include maps, and there is a section in the Appendix for that purpose.

D. Situation Overview

1. Mass care support may be needed in [jurisdiction] for both the direct and indirect effects of an emergency or disaster.
2. [jurisdiction]'s population exceeds [number] residents and covers [number] square miles.
3. Among the [jurisdiction] population, [number], or [percentage], are living at or below the poverty line.
4. Among the [jurisdiction] population, [number], or [percentage], are estimated to be homeless individuals.
5. Some homeless individuals may have access and functional needs of some kind. Some may be undocumented or have undiagnosed disabilities which further complicates the ability to assess their need until the disaster occurs. All mass care plans must be compliant with the Americans with Disabilities Act (ADA). Persons with access and functional needs must have access to mass care programs, services, and facilities.
6. 15,910 people, or 37% of the homeless population, have documented mental health or medical needs. Some additional percentage of the homeless population will have undocumented or undiagnosed conditions.
7. [Jurisdiction] is vulnerable to the following hazards: [hazard, hazard, hazard...] *(see list of example threats and hazards in the Appendix. Work together to create a list that is relevant to your area).*

E. Assumptions

1. [Primary disaster shelter organization] will serve as the primary support agency responsible for operating disaster and evacuation shelter facilities.
2. To supplement the [primary disaster shelter organization], [jurisdiction] will have trained staff and volunteers to manage and operate shelters. (*optional, discard if not relevant to your area*)
3. NGOs, private non-profit organizations (PNPs), faith-based organizations (FBOs), community-based organizations (CBOs), and member agencies of the Voluntary Organizations Active in Disaster (VOAD) that normally respond to disaster situations will do so. (*optional, discard or adjust for relevance to your area*)
4. CBOs that provide non disaster related social services and serve vulnerable populations will initially be overwhelmed with requests for service.
5. Neighborhood organizations and local groups, some without training, will emerge to provide care and shelter support independent of local government.
6. The duration and scope of local, State, and Federal involvement will be proportional to the situation's severity and the assistance needed.
7. The percentage of homeless individuals and families among a displaced population that will seek congregate care is dependent on the size, scope, and nature of the incident. Nearly all homeless individuals in an area requiring evacuations will require transportation assistance and emergency housing assistance in most cases.
8. A percentage of the population affected by the disaster will include homeless individuals.
9. A percentage of the homeless population affected by the disaster will seek mass care services including sheltering and food.
10. A percentage of the homeless population seeking mass care services will have access and functional needs. Assistance will be needed in functional areas including but not limited to:
 - a) Maintaining independence.
 - b) Transportation.
 - c) Communication including language barriers.
 - d) Supervision including unaccompanied minors and dependent adults.
 - e) Medical care, especially treatment of chronic conditions.

11. All Service Delivery Sites in a Mass Care setting will accommodate people with disabilities and other access and functional needs in full compliance with current legal requirements of the Americans with Disabilities Act (ADA).
12. A percentage of the homeless population seeking mass care services will have pre-existing medical and mental health needs that were undiagnosed or undocumented who will need some form of care when they enter a Mass Care setting.
13. The [jurisdiction]'s [response coordination center] will be activated for an incident severe enough to create a large mass care need. Consistent with the Emergency Operations Plan (EOP) in place, the [response coordination center] will manage and coordinate among local governments to support response. (*adjust for your area*)
14. How will NGOs, PNPs, FBOs, and CBOs will coordinate their disaster response efforts? List those processes, agencies and departments here.
15. In a major disaster, mass care operations will require an influx of resources from outside the area to be fully operational. A full complement of resources will be contingent on the severity of the event, impact to transportation infrastructure, and the ability to move resources and supplies into and within the affected area.
16. Mutual aid assistance from unaffected jurisdictions and from State and Federal emergency agencies will be available to the local government.
17. Some homeless individuals will be displaced when their primary nighttime residence is a public place that has been converted for disaster operations use (ie, a public park converted to a staging area will necessarily displace homeless residents).
18. Homeless individuals who have a primary nighttime residence threatened or impacted by a disaster will be displaced. Homeless individuals who do not have a primary nighttime residence will be impacted in other ways (loss of belongings, mental health impact, etc).
19. Schools may be used as temporary shelter-in-place sites for the student population. If sheltering for the general population is conducted at the same site, the two populations will have separate operations and be in separate areas within the school campus.
20. Infrastructure in a major disaster will be affected, which will impact services at mass care operations.
21. The local [response coordination center] will be the central point of contact for all operations. (*adjust for your area*)

Organizations and Responsibilities

A. Primary Agencies and Organizations in Mass Care

1. [Jurisdiction] – [response coordination center]
 - a) List the title of the [person and department coordinating mass care] here, along with the agency or department who will assign people to carry out the duties of that title. *(For Los Angeles County, this would be the Care and Shelter Branch Coordinator, who is assigned by the Department of Public Social Services.)*
 - b) The shelter operating agency (ie, the Red Cross or other agency) will notify the [department coordinating mass care] when homeless populations are present in a shelter, and the status of any multiagency cooperation underway.
 - Coordination through the VOAD may be necessary *(adjust for your area)*
 - Status of complex cases will be tracked by the primary response agency and reported to the [department coordinating mass care]
 - c) The [department coordinating mass care] should ensure that shelter operating agencies are aware of this strategy and procedure to activate primary response agencies as appropriate.
 - d) Work cooperatively with the [public health partner], [health services partner] and [mental health partner] to ensure mental health and health service requests are appropriately handled during emergency shelter operations.
2. [Primary sheltering agency] services and resources
 - a) *(example)* Provides mass care services including emergency sheltering, fixed and mobile feeding sites, emergency and basic first aid, mental health support, disaster welfare information (DWI) services, assistance for other emergency needs, and disaster preparedness education and shelter operations training.
 - b) *(example)* Provides direct client casework, and referral services for individuals in need of transitional or recovery housing support to appropriate agencies.
 - c) *(example)* Conducts Disaster Assessments of damaged dwellings to confirm type and habitability status.
3. [Primary pre-disaster homelessness agency, PDHA] services and resources
 - a) *(example)* Acts as the primary agency for interaction with the pre-disaster homeless individuals affected by local disasters.

- b) *(example)* Conducts field interviews of pre-disaster homeless individuals to determine needed services.
 - c) *(example)* Provides transportation for homeless individuals referred to transitional housing services.
 - d) *(example)* Refers specific cases to agencies providing services to the homeless.
4. [Primary disaster caused homelessness agency, DCHA] services and resources
- a) *(example)* Acts as the primary agency for interaction with disaster caused homeless individuals
 - b) *(example)* Maintains transitional housing support
 - Adult men and adult women at [location]
 - Women and children only at [location]
 - c) *(example)* Provides referral services through case management
 - d) *(example)* Refers specific cases to agencies providing services to the homeless

B. Roles of Support Agencies and Organizations in Mass Care

1. Support Agencies assist by providing their contact information, activation procedures, referral process, and a list of available services to the Primary Agencies.
 - a) Primary Agencies can serve to screen cases and will conduct referrals only when processed cases appear to be within the scope of the services provided by the Support Agency.
2. When a Primary Agency determines that a referral is warranted, the Support Agency will assume responsibility for the client until the client is no longer in need of services or until the client's case is transferred to another agency.
 - a) Support Agencies will be coordinated by [geographic area or other] and contact information is available in Appendix 2. *(adjust for your area)*

Concept of Operations

Local agencies, government programs, NGOs, PNPs, FBOs, and CBOs that provide services to homeless populations face unique challenges in a disaster environment. Similarly, Mass Care operations face significant challenges when providing services to homeless individuals and conducting appropriate referrals. The following Mass Care concept of operations will explain the overall operational approach and structure of the Mass Care response related to homeless individuals.

A. Evacuation and Reception

1. Homeless individuals in an area designated for evacuation will be notified, processed, and transported using the same methods as defined for non-homeless evacuees.
2. During reception, when an individual or a group of individuals are identified as having no pre-disaster address (pre-disaster homeless), the [PDHA] will be the primary agency (see below) and will be notified by the agency responsible for managing the public reception site.
 - a) If reception is conducted at an emergency shelter, the agency responsible for managing the emergency shelter, such as the Red Cross or some faith-based organizations, will notify the [PDHA].
 - b) In the event the [PDHA] is unable to send anyone to assume case responsibilities, the [agency or department acting as backup] will be notified.
 - c) If the [response coordination center] is open, the [lead shelter agency] will notify the [mass care coordination department] of any unmet needs with homeless individuals and request assistance accordingly.
3. During reception, when an individual believes their home to be destroyed or rendered uninhabitable due to the disaster, the individual's information will be collected by the agency responsible for managing the public reception site and referred to an emergency shelter.

B. Emergency Sheltering

1. The [primary sheltering agency] is often the primary agency operating emergency shelters in [jurisdiction]. However, local governments and many other organizations have the resources to provide emergency shelters.
 - a) Any agency providing emergency sheltering can contact the [primary sheltering agency] or [211 or other local information line] for advice or resources when operating a shelter. *(adjust for your area)*
2. When someone arrives at an emergency shelter and is identified to be a pre-disaster homeless individual, the [PDHA] will be notified by the sheltering agency. *(this item and the following points should be adjusted for your area)*
 - a) The [PDHA], when notified that a pre-disaster homeless individual is at an emergency shelter, will dispatch an Emergency Response Team (ERT) to conduct an interview and assessment. The ERT will:
 - Determine if the homeless individual has had their living situation disrupted by the disaster.
 - Coordinate services needed and transition plan to temporary housing facility most appropriate for the individual or family.
 - Determine if the homeless individual can be referred to an appropriate transitional housing program.
 - Contact and arrange for transitional housing services as available.
 - Coordinate transportation from the emergency shelter to the transitional housing service.
 - b) If the [PDHA] is unable to respond or do not have the resources to send an Emergency Response Team, the [response coordination center] will be notified, and will arrange to have the above services provided through an alternate resource. *(adjust for your area)*
3. When an individual arrives at an emergency shelter after an evacuation who resided in a home in the affected damage area, the client's property should be checked for habitability (emergency services or the Red Cross may have this information).
 - a) If a home is determined to be uninhabitable, the client should be advised of their options regarding insurance, family assistance, or transitional housing options provided to the community through government and non-government sources. The Red Cross or another social service agency will often accomplish this through direct case work if a client needs assistance.

- b) Many disaster-affected individuals will have resources available to them to assist with their recovery planning process such as insurance, government programs, or Private Non-Profits providing additional services. Emergency shelters are typically available until some sort of transitional housing and recovery plan is enacted.
- c) If there are no easily identifiable options, or if the client is unable to provide for their own recovery, including transitional housing needs, the [PDHA] will act as the primary agency and can be contacted by the emergency shelter. The primary disaster-caused homelessness agency will: *(adjust the following points for your area)*
 - Assess the needs of the client through direct casework including a field interview or phone call regarding transitional housing options
 - Make available their referral services regarding healthcare, substance abuse and mental health, legal aid, public benefits assistance, family services, and employment preparation and placement assistance.
 - Work directly with [211 or other local information line] to identify an appropriate location for transitional housing referral.
 - Make a recommendation for transitional housing among a variety of other organizations and coordinate transportation.
- 4. The general public affected by a disaster will usually receive emergency sheltering by the Red Cross or other organizations throughout any mandatory evacuations and until transitional housing is made available.
- 5. If the primary disaster-caused homelessness agency is unable to locate transitional housing for a client, it will notify the [social services department] at the [response coordination center].

C. Health and Medical Support Services

1. Key public health organizations should be identified to support referrals specific to homeless individuals as well as to those who are uninsured or who are unable to access their usual health care provider.
2. A list of Community Health Centers is available here: [list website or other resource]. These Health Centers serve the homeless population as well as the uninsured and low income residents of [jurisdiction]. *(adjust for your area)*
3. List any [homelessness coalitions] or other [homelessness health and medical resources] here, and refer to additional information in the Appendices if applicable.

4. In addition, [health services partner] and [public health partner] have [resources], located [locations] which may be contacted for care. The condition and the location of the shelter and areas impacted by the disaster will determine which facility the client is referred to.

D. Mental Health and Spiritual Care Support Services

1. Mental health issues such as emotional distress, depression, drug or alcohol abuse, post traumatic stress disorder (PTSD), and/or cognitive or behavioral concerns will be supported by the agency to which a homeless victim is referred.
2. Spiritual care support resources for homeless individuals affected by disaster may be made available as resources permit and depend on the policies of the housing agency. These resources may be available through the local or regional VOAD. *(adjust for your area)*

E. Access and Functional Needs Support Services

1. Translator and/or interpreter support for emergency shelters will be made available at the emergency shelter through the [response coordination center], and will be made available as resources permit at transitional housing facilities. *(adjust for your area)*
2. Access and functional needs services that can transition from emergency sheltering to transitional sheltering for homeless populations will be made available as resources permit. *(adjust for your area)*
 - a) Special attention must be paid, especially when working with Service Animals, to provide appropriate accommodations for individuals needing to transition from emergency to transitional housing that can accommodate the needs of the client. A Service Animal, such as a dog that performs some task, may not be permitted in transitional housing facility. *(adjust for your area)*

F. Identify Recovery Transition Needs

1. A major disaster may significantly reduce the supply of available housing. Emergency shelters may need to maintain operations for a longer period of time until adequate interim or transitional housing is found for remaining occupants. The [jurisdiction] will work in close partnership with NGOs and the [other department/agency, such as social services] to meet the long-term needs of shelter residents.

- a) Recovery transition will require specific case management of a large number of displaced individuals, many of whom may be newly homeless.
 - b) Adequate understanding of resources, services, and limitation of those resources should be shared between agencies as much as possible.
 - c) Some needed assistance such as disaster food assistance, mental health support, disaster unemployment, or child care may be all that is needed to assist a client during recovery planning.
 - d) Recovery transition planning should include those who were in shelters, and those who did not seek sheltering but had other needs related to the disaster. Homeless individuals may have unmet needs and will be unable to qualify for some resources because they do not have a verifiable pre-disaster address.
 - e) A list of agencies providing services to homeless individuals is constantly changing. See Appendix 3 for a list of web based resources and databases available.
2. It is important to inform [social services department or relevant agency] of the number of disaster caused homeless individuals seeking transitional housing because this information directly affects how long emergency sheltering may be available, and the resources of transitional housing that may be activated to support larger events.

Information Collection and Dissemination

A. Shelter Reporting – Updates During Evacuation

1. If an emergency shelter reaches maximum capacity (90% of full capacity or greater), the shelter or the [primary sheltering agency] will notify the [jurisdiction] of “full” status. *(adjust for your area)*
2. If an emergency shelter nears maximum capacity, and a significant proportion of the population consists of pre-disaster homeless individuals, the sheltering agency will request expedited support through [relevant support agency] to support transitional housing needs. *(adjust for your area)*
3. If a significant proportion of the shelter population (50% or greater) are pre-disaster homeless or are determined to be unaffected by the disaster, the sheltering agency will request expedited support through [relevant support agency] to support transitional housing needs. *(adjust for your area)*

B. Shelter Reporting – Updates After Initial Evacuation

1. Emergency Shelters will notify the [jurisdiction] of shelter occupancy status and available capacity every [frequency – hours, days, etc].
2. Emergency Shelters will request direct case management to Primary Agencies when homeless individuals are identified, and will inform the [jurisdiction] of any transitional housing requests/referrals as appropriate
3. Emergency Shelters will notify the [jurisdiction] of their recommendation to close when appropriate.
 - a) Shelter closing recommendations will be coordinated with the Support Agency assuming responsibility for transitional housing.

Communications

A. Agency to [Jurisdiction] Communications

1. Governments should ensure there is an adequate and tested communications plan to work with local agencies.
 - a) Cell phones often are unavailable during large scale disasters.
 - b) Ensure communication procedures between the agency and the [response coordination center] are in place.
2. Communication Resources
 - a) All agencies are encouraged to provide multiple means of communication.
3. Communication Contingency Plans
 - a) All agencies are encouraged to invest in radio communication so they can communicate with local government.

B. Agency to Agency Communications

1. Some agencies already have communication plans.
2. All agencies are encouraged to become familiar with the agencies they will likely work with in the event of a disaster, and plan to communicate with them as appropriate.
3. The group of agencies that will likely provide services during a disaster is encouraged to support individual organization disaster plans, assisting those without plans to develop them. Exercising plans together, or creating plans for service sectors or geographic areas is also highly encouraged where appropriate.

Agreements and Understanding

A. Direct Agency to Agency Coordination

1. Some agencies may want to enter into a Statement of Agreement (SOA) or Memorandum of Understanding (MOU) to highlight primary roles and resources understood.
 - a) If and when resources are directly shared, it is recommended that a MOU is created to identify if and when those resources will be used and what roles each agency plays.
 - b) Though any agency can work with another directly, and a brief description of resources are contained here, agencies that share a common mission, or a stronger partnership should establish stronger ties through these agreements and understandings to both ensure longevity of the relationship, and to help sister organizations develop similar partnerships.
2. Vendor Agreements or Contracts
 - a) The [jurisdiction] [disaster response logistics/purchasing division] will consult with private vendors for resources to support mass care operations.
 - Supplies needed or made available to local governments should be documented with a Vendor Agreement
 - Facilities that need resources in order to support Mass Care operations should communicate their needs to the [disaster response logistics/purchasing division] as appropriate

Appendix 1: Definitions

Disaster caused homeless individual: Someone who had a permanent residence prior to the disaster, that residence was destroyed or rendered uninhabitable due to the disaster, and will likely become homeless if not provided a transitional housing solution once emergency shelters are no longer available.

Emergency shelter: A shelter run or operated by an organization providing disaster relief, such as the local government, a faith-based organization, or the American Red Cross. An emergency shelter is one that is opened at a temporarily location for all individuals affected by the disaster and is for the general population.

Homeless individual: Someone who lacks a fixed, regular, and adequate nighttime residence or has a primary nighttime residence that is

A supervised publicly or privately operated shelter designed to provide temporary living accommodations;

An institution that provides a temporary residence for individuals intended to be institutionalized; or

A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Mass care: Includes all aspects of sheltering, feeding operations, emergency first aid, bulk distribution of emergency items, and collecting and providing information on victims to family members during an emergency.

Pre-disaster homeless individual: Someone who was a homeless individual prior to the circumstances of the disaster, and will continue to be homeless once temporary emergency sheltering is no longer available.

Transitional shelter/transitional housing: Any facility, the primary purpose of which is to provide temporary or transitional shelter for a homeless individual or for specific populations of the homeless.

Voluntary Organizations Active in Disaster (VOAD): A network of nonprofits (faith-based and community-based organizations) which work to provide disaster preparedness, response and recovery training, resources and services before, during and after disasters. Find more information about VOADs and search for your local or State VOAD here: www.nvoad.org.

Appendix 2: Geographic Listing or other homelessness coalition contact information listing

(Example)

[Jurisdiction] is divided into [number] [geographic areas/regions]. Contact information for each region is listed below:

1. Region - Name, number, email, mailing address
2. Region - Name, number, email, mailing address
3. Region - Name, number, email, mailing address

Appendix 3: Links to Resources

National

Home page of the American Disabilities Act for the United States Department of Justice Civil Rights Division:

<http://www.ada.gov/>

Americans with Disabilities Act information:

Full text of the Act:

<http://www.ada.gov/pubs/adastatute08.htm>

ADA National Network home page:

<https://adata.org/learn-about-ada>

United States Access Board home page:

<http://www.access-board.gov/>

ADA Southeast Center – ADA resources and training:

<http://adacourse.org/training.php>

National Health Care for the Homeless Council:

<http://www.nhchc.org/resources/clinical/tools-and-support/emergency-preparedness/>

Homelessness Resource Center at the Substance Abuse and Mental Health Services Administration page:

<http://homeless.samhsa.gov/resource/disaster-and-emergency-preparedness-tips-for-homelessness-service-providers-55299.aspx>

READY: A Multi-Media Disaster Preparedness Toolkit for Homeless Services:

http://www.center4si.com/Uploads/files/READY_Phase1_Final_Report.pdf

National 211 searchable database: <http://www.211search.org/>

Local

Los Angeles County Referral Guide for Homeless Children, Youth, and Families:

http://dpss.lacounty.gov/dpss/homeless_case_mgmt/hcm_guidelines/2011/Shelters_by_Spa.pdf

Los Angeles Skid Row Disaster Collective Homeless Shelter Disaster Coordination Plan:

ENLA Disaster Plan Development Workshop materials

Appendix 4: Primary Agency List and Contact Information

Primary Agencies and Organizations in Mass Care

1. [response coordination center]
 - a) phone
 - b) contact department
2. [public health partner]
 - a) phone
 - b) website
3. [mental health partner]
 - a) phone
 - b) website
4. [health services partner]
 - a) phone
 - b) website
5. Red Cross 24 hour hotline
 - a) (855) 891-7325
6. [primary pre-disaster homelessness partner]
 - a) phone
 - b) website
7. [primary disaster caused homelessness partner]
 - a) phone
 - b) website

Appendix 5: Jurisdiction maps, health service area maps

(Example)

Interactive SPA Map: <http://publichealth.lacounty.gov/spa/spamap.htm>

Appendix 6: Example Threats and Hazards*

Natural	Technological	Human-caused
<ul style="list-style-type: none"> • Avalanche • Animal disease outbreak • Drought • Earthquake • Epidemic • Flood • Hurricane • Landslide • Pandemic • Tornado • Tsunami • Volcanic eruption • Wildfire • Winter storm 	<ul style="list-style-type: none"> • Airplane crash • Dam failure • Levee failure • Mine accident • Hazardous materials release • Power failure • Radiological release • Train derailment • Urban conflagration 	<ul style="list-style-type: none"> • Biological attack • Chemical attack • Cyber incident • Explosives attack • Radiological attack • Sabotage • School and workplace violence

*From the Threat and Hazard Identification and Risk Assessment Guide - Comprehensive Preparedness Guide (CPG) 201 Second Edition August 2013

Appendix 5: SF Card "Agency Emergency Plan"

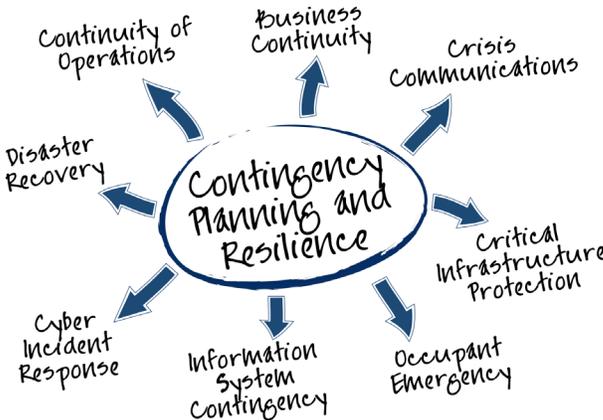


community agencies responding to disaster

1675 California Street
San Francisco, CA 94109
Ph. 415-955-8946
Fax 415-982-0890
info@sfcad.org
www.sfcad.org

Agency Emergency Plan

Continuity Of Operations Planning (COOP) for Community-Based Organizations



Agency Name: _____

Address: _____

Phone: _____

Emergency Coordinator: _____

Date Completed: _____

In a major emergency, such as a catastrophic earthquake, response systems such as police, fire and hospitals will be overwhelmed. Officials from all levels of government and the Red Cross tell us we should be prepared to be on our own for the first 72-hours. Review and update this plan every 6 months.

This plan was originally produced by the Bay Area Emergency Preparedness Coalition for Seniors and People with Disabilities. It was adapted from *Creating A Workable Disaster Plan for Your Agency* which was produced by VOICE of Contra Costa County and from the *Earthquake Preparedness Guidelines (or Large Retirement Complexes and Large Residential Care Facilities)* which was produced by the Bay Area Regional Earthquake Preparedness Project. Significant changes and additions have been created by Collaborating Agencies Responding to Disaster (CARD) and by San Francisco Community Agencies Responding to Disaster (SF CARD).

Last updated June 2011



AGENCY EMERGENCY PLAN

1. Disaster Mission Statement

Make sure you know what role you are planning to play in a disaster

- *Who are you going to be for your clients and community when disaster strikes?*
 - *Does your current mission statement encompass how you see your agency functioning in a disaster?*
 - *Think about your commitments, including whether sheltering staff and others onsite, and what resource limitations you must consider (food, water, facilities, etc.).*
 - *Obtain leadership approval of the disaster mission statement and distribute to all personnel.*
-
-
-
-

Risk Assessment

Each department in the organization needs to assess risks that would negatively impact its effectiveness in contributing to your mission (both your disaster mission and your daily mission). Consider internal and external factors (fire in the building is internal; a nearby refinery explosion is external), the likelihood of the events, their impacts (potential for damage), consequences of damages, and mitigation strategies. Refer to the risk assessment template included with your COOP binder or on the SF CARD website for details and further guidance.

2. Preparing Staff for Emergencies

Make sure your staff is mentally, physically and emotionally prepared to respond

In an emergency, the first concern of staff will be the safety and welfare of family members.

1. Have all staff and key volunteers trained in basic emergency preparedness on a regular basis.
2. Encourage and support staff and key volunteers to have a family or home emergency plan (see note below). This increases the likelihood that staff and their families can cope with the disaster without outside help.
3. Your agency will want to ensure that all staff members have an opportunity to check on their homes and family members as soon as possible following a disaster.

Note: SF CARD offers a Staff Readiness class, and organizations like the American Red Cross offer other helpful trainings such as First Aid and CPR.



AGENCY EMERGENCY PLAN

3. Personnel

Make sure you have enough people to meet the response needs of the organization

Determine your staffing requirements for post-disaster response.

1. Realistically, how many staff members will continue working after a disaster if it strikes during work?
2. If a disaster strikes on a weekday, but before the workday begins? _____
3. If a disaster strikes on a weekend? _____
4. Which staff members should automatically report to work in the event of a disaster?
5. Develop a list of home telephone & emergency contact information for staff for emergency use. (Update at least every 6-months.)
6. To support the paid staff in an emergency, we will use volunteers as follows:
 - a.
 - b.
 - c.
 - d.
 - e.

4. Volunteers

Make sure you know the best ways to use and work with volunteers in a disaster

Know how you will appropriately recruit, task and manage volunteers.

1. Are your current volunteers appropriate for disaster related work?
2. Do your current practices of recruiting or accepting volunteers include your disaster preparedness and response needs?
3. What important activities (that keep your agency able to provide services) can be assigned to spontaneous volunteers? What activities **should not** be assigned to spontaneous volunteers?
4. What safety and/or legal considerations should you include in your plan? Consider: do you have proper insurance for volunteers, do you need background checks on volunteers, is any specialized training or knowledge required for working with your agency or clients, etc.?
5. Do you have someone in charge of volunteers? Who (else) might take that role for new volunteers?



AGENCY EMERGENCY PLAN

5. Meeting the Needs of the People You Serve

Make sure you can address the basic needs of staff, volunteers and clients

1. How many total clients would most likely be at your site in a disaster? (Look at both maximum client load and minimum staff availability for day, for evening and for weekends.) _____

2. How will you find out about the condition of people you serve who are off site? _____

3. In an emergency, who else needs information about the status of people you serve? Off site staff? Families of clients? List the most critical contacts that need to be made. Be sure to have all necessary phone, cellular phone and pager numbers for each contact.

4. What else will be needed (e.g., bedding, medicine, special equipment, etc.)? Where can you get these items?

- a. Item: _____ Location: _____
- b. Item: _____ Location: _____
- c. Item: _____ Location: _____

5. What are the special needs of the people you serve? Are these needs of the group or of individuals?

Also consider: What skills can you instill in your clients to let them take part in your preparedness and response efforts as full partners and helpers?



AGENCY EMERGENCY PLAN

6. On-Site Supplies Cache

Make sure you have preparedness supplies available

Create and maintain an onsite cache of emergency preparedness supplies. The exact contents will depend on the size and diversity of your staff, volunteers, clients and potential visitors. Remember to consider special needs additions such as medication.

Store these supplies in multiple locations so if one cache becomes unusable or unreachable, you will still have options. The supply cache complements your agency go-kit.

Some basic contents of an on-site supply cache are:

- | | | |
|----------------------|-------------|----------------|
| ○ Food and Water | ○ Radio(s) | ○ Blankets |
| ○ First Aid Supplies | ○ Batteries | ○ Garbage Bags |
| ○ Lights/Flashlights | ○ Whistles | ○ Duct Tape |

Perishable supplies such as food, water and medicine, need to be replaced regularly. One way to do this is by "cycling" the food and water - eat supplies while they are still good, and put new ones in the cache.

7. Agency Go-Kit

Make sure you can operate even if you evacuate

If you need to evacuate your facility, an Agency Go-Kit will allow you to continue providing your most vital services wherever you go. This small, portable container should hold copies of every vital document as well as some basic supplies such as pen and paper.

Some basic contents of an Agency Go-Kit are:

- Your disaster plan
- Insurance documentation
- The deed or lease for your facilities
- Legal identification, such as your taxpayer ID number and evidence of exemption status
- Bank information, including all of your account numbers, including personnel contacts
- Documentation for your emergency line of credit
- Memoranda of Understanding (MOUs)
- Contact and Emergency Contact information for your staff and key contacts
- Some cash, including coins for phones

You may wish to maintain more than one kit. Creating two is no harder than creating one, and an off-site backup may be what ensures that you have needed records.



AGENCY EMERGENCY PLAN

8. Facility Preparation

Make sure your physical environment supports your safety

	<u>ASSIGNED TO</u>	<u>DATE DONE</u>
✓ Bolt heavy cabinets, bookshelves or other furniture to wall studs	_____	_____
✓ Strap computers, fax, equipment to desk or tables	_____	_____
✓ Secure pictures and other wall hangings by using safety hooks	_____	_____
✓ Clear exits, pathways and earthquake-safe spaces	_____	_____
✓ Fasten breakables to walls or shelves with museum wax	_____	_____
✓ Lower heavy items to bottom shelves	_____	_____
✓ Remove fire and chemical hazards	_____	_____
✓ Install smoke detectors, fire extinguishers, cabinet latches	_____	_____
✓ Label fire exits and safety supplies	_____	_____
✓ Clearly mark your gas and water shut-off valves. Post clear simple instructions for shutting off each one (in all languages needed).	_____	_____
✓ Keep a conveniently located set of tools to facilitate prompt gas shut-off. Tools should include both pipe and crescent wrenches.	_____	_____

Earthquake Putty (also called **Museum Wax**) holds delicate items in place

Straps brace heavy furniture and large items in place

Safety hooks stop pictures, clocks and mirrors from falling

Cabinet latches help keep glass and dishware from falling to the floor

Sketch your facility and note vital emergency resources including:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> First Aid Supplies | <input type="checkbox"/> Escape routes |
| <input type="checkbox"/> Go kits | <input type="checkbox"/> Water shutoff | <input type="checkbox"/> Generator(s) |
| <input type="checkbox"/> Tool kits | <input type="checkbox"/> Gas shutoff | <input type="checkbox"/> Documents safe |
| <input type="checkbox"/> Supply Cache | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |



AGENCY EMERGENCY PLAN

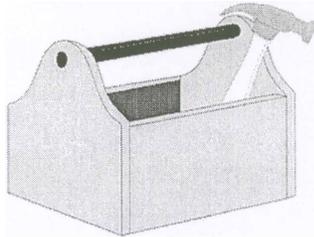
9. Signage

Make sure your safety and preparedness tools are well marked

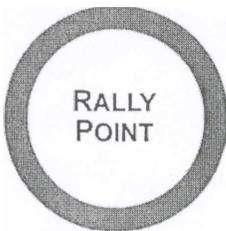
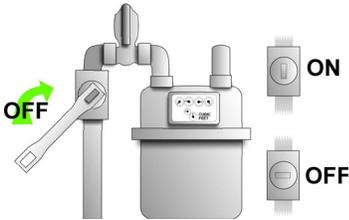
Make preparedness visible! Clear and visible signs indicating safety tools, exits and emergency instructions will help people to keep themselves safe while at your agency.



Tool Box: Lives Here



WATER SHUT-OFF





AGENCY EMERGENCY PLAN

10. Neighborhood Resources

Make sure you know the local resources – they may be your only source

1. If you do not have a back-up generator, in an extended power outage, where can you rent or borrow a generator?
Create a written agreement with a supplier. _____
2. If the phones at your agency are not working, where are the nearest pay phones? _____
3. Where is the nearest public health clinic?
Clinic Name: _____ Address: _____ Phone: _____
4. Who is the local VOAD (Voluntary Organizations Active in Disaster) Chair to assist with recovery operations?
Place Name: _____ Address: _____ Phone: _____
5. Where is the nearest fire station (or NERT / CERT staging area) and do they know about your agency?
Station Name: _____ Address: _____ Phone: _____
6. Where is the nearest police station and do they know about your agency?
Station Name: _____ Address: _____ Phone: _____

Make sure preparedness resources in your neighborhood are clear. Post a large, clear map of your neighborhood. Note these potentially valuable resources, and highlight:

Key Resource Framework

- City Hall / Dept. of Emergency Management
- Human Services, Dept. of Public Health & other gov't agencies
- Fire station
- Police station
- Red Cross
- Public library
- _____

Liaison connections

- SF CARD
- Volunteer Center
- Partner agencies
- _____

Medical

- Hospital
- Community Clinics
- Veterinary
- Pharmacies
- _____

Possible gathering points

- Church, mosque, synagogue
- School
- Gym
- Shelters
- Open Space
- _____

Food / Water

- Food Bank
- Salvation Army
- Soup kitchens
- Grocery stores
- Restaurants
- _____

Supplies

- Hardware stores
- Disaster stores
- Drug stores
- Sports /Camping stores
- "Big-box" stores
- Dollar stores
- _____



AGENCY EMERGENCY PLAN

11. Evacuation / Transportation

Make sure you can get people from your location to a safe alternate site

Fire, hazardous material spills or structural damage may require you to evacuate your building.

1. Are there program participants who will need assistance evacuating your facility?
Remember to assign staff and volunteers to help these participants and have assistive aids/devices available to help with their evacuation.
2. If your facility must be evacuated, assign a staff person the responsibility of taking a head count to ensure all staff, volunteers and program participants have exited.
3. Practice your evacuation plan.
4. Keep an "Agency Go-Kit". Include copies of your emergency plan, action checklists, phone rosters, copies of vital documents, credit cards, etc.
5. Post a notice indicating where you have gone.

The following suggestions anticipate that you must evacuate your building and that you are responsible for the care and shelter of the people you serve.

6. Locate and secure a temporary shelter to be used (consider churches, nearby community centers, schools, other residential facilities). You may want to develop mutual aid agreements with these sites.
 Temporary Shelter Name: _____
 Address: _____
 Contact Name: _____ Phone: _____
7. Create a phone list and a system for letting the authorities, family and friends know where you are sheltering your program participants. "Date created" should appear on this and all lists and documents.
8. Designate and identify alternative transportation for moving your program participants to your temporary shelter, or to clients' homes, if necessary.

Alternative Transportation: _____

Contact Name: _____ Phone: _____

9. Assign responsibility for the care of your clients at the alternate site(s). Identify this person or persons.

a. _____

b. _____

10. If evacuated, what will your clients need that may not be available in the temporary shelter?

a. _____

b. _____



AGENCY EMERGENCY PLAN

12. Communication (Part 1)

Make sure you can communicate with staff, clients, funders and your community

Communications will make or break a disaster response. From a simple note on the door identifying your new location to a Public Information Officer correcting news reports about your agency, communication is the key to helping people make the right decisions.

WHAT should you communicate?

- Agency Operational Status reports
- Damage assessment
- Services offered or changed
- Funds needed
- Volunteers needed
- Other needs
-
-

TO WHOM are you communicating?

- Disaster services partners
- Staff & Volunteers
- Clients
- Funders
- Media
- General public
-
-

WHO should communicate the message?

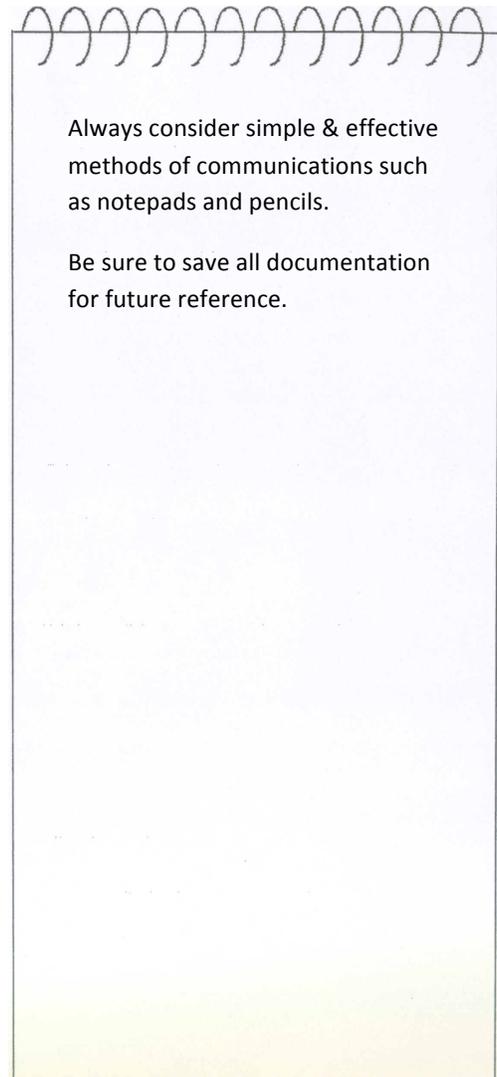
- People with proper training
- Those with the proper authority
- People who share a consistent message
-

HOW should you communicate?

- Electronic
- Social Media
- Verbal
- Combination
- Paper

WHAT can you prepare in advance?

- Agency talking points / key message
- Disaster / emergency response press release
- Emergency related funding solicitation
- E-mail, phone, text, cell-phone, fax lists
-





AGENCY EMERGENCY PLAN

12. Communication (Part 2)

Make sure you know all the communication tools available to you

Mastering how you send and receive information will help you in both crisis and opportunity. A variety of options are the key to maintaining communications.

Disaster Communication Tools

There are many communication tools we don't normally consider that may become useful if a disaster cuts off your normal channels.

- Bulletin / White boards
- Carbon / NCR paper
- CB radios
- Cell phones
- Digital phones / Blackberries
- Drums
- Flag poles
- Ham Radios
-
- Megaphones / Bullhorns
- Pagers / texting devices
- Standard telephones
- Public signage
- Runners
- Walkie – talkies
- Whistles
-
-

Community Outreach Options

What are all the different ways you can speak to your community? Different methods have different advantages, and may help you reach people you had not reached before.

- American sign language (ASL)
- Computers – DSL, Cable, dial-up
- Door-to-door canvassing
- E-mail / list-serves
- Fact sheets – FAQs
- Fax machines / Win fax
- Information lines – 2-1-1
-
- In-person events, workshops or classes
- Language translators
- Mailing lists: brochures, flyers
- Radio, television
- Video, cassette tape, CD / DVD
- Websites
- Social Media (Twitter, Facebook, LinkedIn)
-

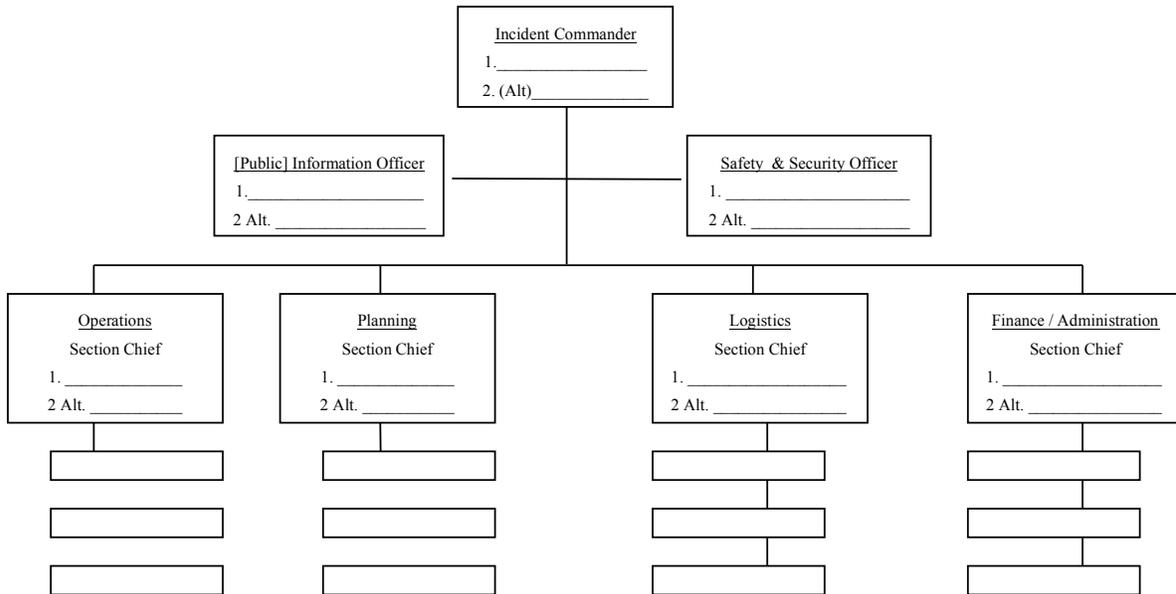


AGENCY EMERGENCY PLAN

13. ICS (Part 1)

Make sure you know California’s Universal Response System

The state of California uses the Standardized Emergency Management System (SEMS) to respond to disasters. Understanding the Incident Command System that is the core of SEMS will allow you to organize for managing any situation, coordinate with your community partners, and "speak the language" of the professional responders - which makes you much more valuable to your community.



Incident Commander: (In charge) Leads the response; appoints and empowers Section Chiefs – ICS allows for scaled efforts to meet the demands of an incident. It is flexible and adaptable; some incidents may not require the use of Planning, Logistics or Finance, while others will require all of them. ICS allows for filling only the parts of the organizational structure that are needed. Expanding the network is key to an effective response as more people are added to the response. *FEMA ICS training is available online.* *SF CARD teaches simplified ICS for nonprofits at your site*

Safety and Security Officer: Focuses on the safety of all people responding to the incident.

[Public] Information Officer: Works with the media; distributes messages to the staff, clients, public and local community.

Operations Section: (Does things) Handles key actions including first aid, search and rescue, fire suppression and securing the site.

Planning Section: (Plans things) Gathers information, thinks ahead and keeps all team members informed and communicating. Creates plans for next operation period(s).

Logistics Section: (Gets things) Finds, distributes, and stores all necessary resources (supplies and people) to respond appropriately.

Finance / Administration Section: (Records things) Tracks all expenses, claims and activities and is the record keeper for the incident.



AGENCY EMERGENCY PLAN

13. ICS (Part 2)

Make sure you know California's Universal Response System

Considering who might do well at certain functions is an excellent tool for understanding SEMS and getting people used to the idea. Be careful, though; you never know who will be part of your disaster response team, so be prepared to assign roles when they are needed.

Command Staff: Directs response & recovery; Provides information, safety, and liaison services for the entire organization

Incident Commander

Name: _____

Name: _____

Phone: _____

Phone: _____

Alt. Ph: _____

Alt. Ph: _____

Safety & Security Officer

Name: _____

Name: _____

Phone: _____

Phone: _____

Alt. Ph: _____

Alt. Ph: _____

[Public] Information Officer

Name: _____

Name: _____

Phone: _____

Phone: _____

Alt. Ph: _____

Alt. Ph: _____

General Staff: Assigned functional authority for each section

Operations Section Chief

Name: _____

Name: _____

Phone: _____

Phone: _____

Alt. Ph: _____

Alt. Ph: _____

Planning Section Chief

Name: _____

Name: _____

Phone: _____

Phone: _____

Alt. Ph: _____

Alt. Ph: _____

Logistics Section Chief

Name: _____

Name: _____

Phone: _____

Phone: _____

Alt. Ph: _____

Alt. Ph: _____

Finance / Administration Section Chief

Name: _____

Name: _____

Phone: _____

Phone: _____

Alt. Ph: _____

Alt. Ph: _____



14. Financial Resources

Make sure you know your financial assets, limitations and commitments

It is a good idea for your organization to be aware of its cost of normal operations; estimate cost increases that might arise from emergencies and be familiar with eligibility and other prerequisites for aid and reimbursements from Federal Emergency Management Agency (FEMA) and other agencies.

Some topics to explore include the following:

1. Copies of Financial Support Documentation to have ready
 - Insurance policies
 - The deed or lease for your facilities
 - Bank information, including all of your account numbers, including personnel contacts
 - Legal identification, such as your taxpayer ID number and evidence of exemption status
 - Memoranda of Understanding (MOUs)
2. Liquid Assets
 - How much cash do you keep in "petty cash?"
 - Do you have \$15 - \$20 in coins for pay phones?
3. Credit Cards / Lines of Credit
 - What credit cards does your agency own?
 - Where are they?
 - What are the limits of each?
 - Who can sign on each?
 - Do they have emergency credit extensions?
 - Do you have a line of credit immediately available?
 - Who can access the funds?

*Reminder: Keep this information updated;
be sure it reflects any staff or policy changes!*



AGENCY EMERGENCY PLAN

15. Ensuring Service Continuation

Knowing your priorities as an agency makes everything else fall into place. In crisis or opportunity, if you are clear on your priorities you can make the best decisions for your agency.

What is needed to continue providing essential services after a disaster?

It is important for agencies working with at-risk clients on a daily basis to know their client's needs and how to support their recovery following a disaster. Some questions to ask include:

- What are the predictable needs of the people you serve in emergencies?
- Will the needs of the people you serve require you to expand services in a disaster's aftermath?
- Will you need to consider providing new or different services?

List the Mission, Priorities and Resources essential to provide critical services in an emergency or disaster (refer to your Disaster Mission Statement).

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

List critical suppliers you will need for priority delivery services after a disaster. Create an MOU or other agreement for such services and keep a list of them available to contact.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Map & itemize critical resources to be retrieved

- Create a list of the critical items that you would need to retrieve if you could get into your building (list in order of importance and their recovery locations within the building).
- Examples of items you might need to retrieve: computer disks, computers, important files, work in progress.

Chain of Command & Succession Management: Who to turn to...

- What authority is required to sustain operations?
- What conditions would trigger delegation of authority?
- What is your organization's order of succession?
- What would be the limitations on the duration, extent and scope of the delegation?



community
agencies
responding to
disaster



This project supported by the US Department of Homeland Security, awarded by the State of California.

Mission – To ensure that nonprofit and faith-based organizations serving San Francisco’s vulnerable populations are prepared for a disaster; to play a central role in the coordination of these organizations in their disaster preparedness, response, and recovery efforts.

The 15 Major Elements of the Agency Emergency Plan

1. Disaster Mission Statement & Risk Assessment.....	Page 1
2. Preparing Staff for Emergencies – Personal preparedness for staff.....	Page 1
3. Personnel – Availability of staff after a disaster.....	Page 2
4. Volunteers – Recruit, manage, and task.....	Page 2
5. Meeting Client Needs – Addressing the basic needs of the people looking for help.....	Page 3
6. On-Site Supplies – Preparedness supplies for staff for 3 days.....	Page 4
7. Go-Kit – For evacuation of facility.....	Page 4
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9. Signage – Posting signs around the facility.....	Page 6
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14. Financing – Knowledge of assets, limitations and obligations.....	Page 13
15. Service Continuation – Ensuring systems are in place to allow for emergency recovery operations.....	Page 14

Appendix 6: Guidance on Service Animals and Pets of Individuals Experiencing Homelessness

Introduction

The objective of this section is to provide emergency management professionals with brief overview regarding some of the challenges and guidelines for individuals experiencing homelessness who own service animals or pets and organizations that can assist with addressing animal disaster issues. The Pet Evacuation and Transportation Standards (PETS) Act of 2006 and the 2013 National Response Framework require emergency management professionals at all levels to incorporate all animal species into disaster planning, preparedness, and response. Federal disaster assistance policy 9523.19: Eligible costs related to pet evacuations and sheltering provides reimbursement for the sheltering needs of service animals and certain household pets. At the reception center or during processing of the individual experiencing homelessness, animals should be provided with a unique identification number and the animal given a collar (such as TabBand and PetDetect) or tag to prevent loss or theft and assist in reunification. A lack of veterinary medical care and proper nutrition for animals of individuals experiencing homelessness can lead them to harbor zoonotic diseases (diseases that can be transmitted from an animal to a human and human to animal) as well as external and internal parasite infestations. Recognizing and addressing these public health and safety concerns are paramount for animals accompanying individuals experiencing homelessness for both human and animal health and safety.

Individuals experiencing homelessness may claim that the animal with the individual is a service animal and not a pet in order to keep the animal with that individual. According to the Americans with Disabilities Act (ADA) 2010 revision,

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities...Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA. (Department of Justice, 2010)

Challenges and Guidelines

1. Identifying Stakeholders and Responsible Agency for Animals

Identifying stakeholders and which agency is responsible for managing animals in disasters is critical. Stakeholders include but are not limited to local emergency management, human sheltering, animal control/animal services, animal shelters, animal humane societies, animal rescue groups, public health, veterinarians and veterinary technicians, animal supply stores, law enforcement/fire department, county extension agents, animal/kennel clubs, and animal boarding. Some of these stakeholders or subject matter expertise may not be available at the local level but at a regional or state level.

2. Service Animal versus Pet

Determining if the animal accompanying an individual experiencing homelessness is a service animal or pet will determine if the animal is required by law to remain with the individual (service animal) or if the animal can be separated and housed separately.

According to the Americans with Disabilities Act 2010 revision,

When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff may ask two questions: (1) is the dog a service animal required because of a disability, and (2) what work or task has the dog been trained to perform. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task. (Department of Justice, 2010)

Dogs are the most likely animal to accompany individuals experiencing homelessness; however, individuals experiencing homelessness may also be accompanied by other animals such as cats or rodents. Prior to a disaster, emergency management in coordination with the responsible animal response agency will need to determine if dogs or other animals whose sole function is to provide comfort or emotional support will be allowed to remain with the individual experiencing homelessness or be treated as a pet.

3. Zoonotic Diseases of Concern

Animals accompanying individuals experiencing homelessness are at more risk of carrying or being ill from diseases that are zoonotic and therefore a public health threat to humans and other animals.

However, some animals accompanying individuals experiencing homelessness may be healthy and vaccinated. Zoonotic diseases of concern for dogs are Rabies, Scabies, Ringworm, Salmonella, Leptospirosis, Roundworms, Hookworms, Campylobacter, Giardia, and Cryptosporidiosis. Zoonotic diseases of concern for cats are Rabies, Toxoplasmosis, Cat Scratch Disease, Ringworm, Salmonella, Roundworms, Hookworms, Campylobacter, Giardia, and Cryptosporidiosis. Recognizing and addressing these public health and safety concerns are paramount for animals accompanying individuals experiencing homelessness for both human and animal health and safety.

If veterinary medical records or proof of vaccination is not available, at a minimum rabies vaccination, flea and tick treatment if applicable, and deworming should occur prior to the animal entering the shelter. If rabies vaccination, flea and tick treatment, or deworming are not possible, these animals should be placed in an isolation area or designated area away from healthy vaccinated animals. To prevent other animals from becoming ill, other vaccinations such as canine and feline distemper should be considered to prevent disease transmission between animals, although these vaccines will not be immediately effective. When possible, minimize contact between animals to prevent disease transmission. Sick animals should be placed in isolation area or moved as far away from healthy animals as possible. Isolation, quarantine, and health animal zones should be considered. Proper sanitation and hand washing are required to prevent disease transmission.

4. Animal Behavior

Animals accompanying individual experiencing homelessness may express aggression, owner protectiveness, fear, or submission due to stress or pain if injured or may be docile, friendly and very social. Being able to recognize which behavior the animal is expressing is essential for human and other animal safety in order to prevent animal bites and attacks while assisting the individual experiencing homelessness.

5. Individuals with Animal Allergies or Fear of Animals

Individual experiencing homelessness or others in the shelter may have a fear of animals or allergies to animals. Individuals arriving at the reception center should be questioned if the individual is allergic or fearful of animals, especially dogs or cats, and sent to the appropriate shelter or separate designated area of the shelter.

6. Animal Sheltering

Due to different local or state regulations and plans, animals may be sheltered with the owner in the same tent or building (cohabitation), housed in a separate tent or building but near the owner (collocated), or at a separate location (standalone). Cohabitation shelters are considered optimal for the owner and animal's wellbeing and is the least labor and resource intensive shelter. Standalone shelters are the least desired option and the most labor and resource intensive. Security is needed at a collocated or standalone animal shelter to prevent individuals from stealing or removing animals which do not belong to that individual. Health care, transportation, and reception center personnel awareness of the local animal disaster sheltering plan will aid in decreasing individuals experiencing homelessness' stress and anxiety regarding what will happen to that individual's animal if the animal is not a service animal. Proper sanitation of animal housing and feeding and hand washing for owners or animal caretakers is important to prevent disease transmission. Sick or unvaccinated animals including service animals with their owners should be placed in isolation area or moved as far away from healthy animals as possible to prevent disease transmission.

Planning and Preparedness Assistance: Animal Sheltering and Veterinary Medical Care

Developing a plan for animals accompanying individuals experiencing homelessness must include coordination and corporation between local emergency management, human sheltering, animal control, animal shelters, animal humane societies, animal rescue groups, public health, and veterinary personnel to ensure all stakeholders concerns and requirements are addressed and resources (personnel, equipment, and supplies) allocated. Guidelines for disinfection and cleaning of animal cages, food and water bowls, and area sanitation should be established, posted, and enforced. Minimum basic equipment and supply resources needed for sheltering animals include but is not limited to appropriate animal sized plastic or wire cages, water and food bowls or paper food trays, food, litter boxes and litter, leashes, collars, cleaning supplies, vaccinations, flea and tick treatment, and deworming medication. Equipment and supplies are also needed for animal triage, veterinary emergency medicine, vaccines, flea and tick treatment, and deworming medication.

The following are organizations that can assist with animal sheltering and veterinary medical care planning and preparedness with some have a response capability:

1. Local, regional and state animal response teams or local animal shelters may assist with animal shelter planning and response.
2. The National Animal Rescue and Sheltering Coalition (NARSC) [<http://narsc.net/>] is group of highly experienced animal rescue and sheltering management organizations that work collaboratively and cooperatively during planning, preparedness, and response with local communities to address animal issues in disasters including incorporating the National Incident Management System (NIMS).
3. The National Alliance of State Animal and Agricultural Emergency Programs (NASAAEP) [<http://nasaaep.org/>] is a networking and information sharing organization designed to facilitate effective planning at all levels. The NASAAEP Best Practice Working Groups (BPWG) are a group of subject matter experts from a variety of disciplines that developed guidelines to address animal in disaster issues. Relevant BPWGs include animal sheltering, disaster veterinary care, planning and resource management, community preparedness and outreach, animal decontamination, animal search and technical rescue, and evacuation and transport.
4. Sources for assistance in addressing veterinary medical care and public health issues include local, regional, and state Veterinary Medical Associations, Medical Reserve Corps veterinarians [<https://www.medicalreservecorps.gov/HomePage>], NASAAEP, American Veterinary Medical Association's Veterinary Medical Assistance Teams (VMAT) [<https://www.avma.org/ProfessionalDevelopment/TrainingAndService/VMAT/Pages/default.aspx?mode=full>], and at the federal level United States Department of Health and Human Services' (DHHS) National Veterinary Response Teams (NVRT) [<http://www.phe.gov/Preparedness/responders/ndms/teams/Pages/nvrt.aspx>].



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